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BREAST CANCER: A MEASURE OF PROGRESS IN PUBLIC UNDERSTANDING

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TECHNICAL REPORT

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE NATIONAL INSTITUTES OF HEALTH

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BREAST CANCER: A MEASURE OF PROGRESS IN PUBLIC UNDERSTANDING

Technical Report

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for the

NATIONAL CANCER INSTITUTE

OPINION RESEARCH CORPORATION
North Harrison Street
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F. Breast Self-Examination

Awareness and Practice of BSE [illegible]
Practice of Breast Self-Examination [illegible]
Instruction in Breast Self-Examination [illegible]
Confidence in Ability to Do Breast Self-Examination [illegible]
Ability to Discover a Lump During Breast Self-Examination [illegible]
[illegible]
Feelings about the [illegible] of [illegible] Breast Self-Examination [illegible]
Demographic Trends in Practice of BSE [illegible]
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Attitudes Influencing [illegible] for Treatment of Breast Cancer [illegible]
Attitudes Regarding Breast Removal and [illegible]
Demographic Trends in Attitudes Related to Treatment of Breast Cancer [illegible]

APPENDICES

I. Background and Study Design [illegible]

II. [illegible] [illegible]

III. Analysis Methods [illegible]

IV. [illegible] [illegible]

V. Questionnaires [illegible]

EXECUTIVE SUMMARY

In the Fall of 1979 a survey using personal interviews was conducted among a probability sample of adult women (1580) in the United States and their spouses/partners (720) to determine their knowledge, attitudes, and practices related to breast cancer. Additional purposive samples of urban black women (253) and urban Hispanic women (419) were also surveyed.

A majority of the women and over half of the men surveyed felt that cancer, and breast cancer, in particular, was the most serious health problem facing women today.

Results showed that women are generally informed about breast cancer. Since an American Cancer Society-sponsored survey conducted in 1973, their knowledge about prevalence, signs and symptoms of the disease, diagnosis, treatment, and the surgical techniques and consequences of mastectomy has improved. Knowledge about breast cancer is lower among both urban blacks and, particularly, urban Hispanics than among women in general.

Younger, more-educated, and higher-income women are less likely to harbor misconceptions about the emotional or social consequences of the disease. Again, however, the purposive samples of urban blacks and urban Hispanics differed in this regard. Urban Hispanics, in particular, expressed high levels of concern about the impact breast cancer would have on their personal and social lives.

Survey results showed that a majority of women in the sample report practice of breast self-examination (BSE). Close to half of those who said they practiced BSE claimed to perform the procedure on a monthly basis or more often. The reason given by women who examine their breasts less often than once a month is that they just don't think about it more often--it simply is not on their minds.

Overall, male and female partners tend to hold similar attitudes about breast cancer. There is some support for the hypothesis that the level of knowledge about breast cancer detection and treatment of both the man and the woman can influence attitudes toward breast cancer.

Women between the ages of 18 to 34 tend to have different attitudes about breast cancer than older women. Specifically, younger women are more concerned about breast cancer as a serious health problem for women, and believe they are more likely to develop the disease than older women. Compared to women over age 35, younger women expressed higher levels of concern about the effects of breast cancer treatment and appear to be more interested in breast reconstruction, should the situation arise.

A majority of all women said they would like to make decisions about breast removal themselves, in consultation with their husband or partner, and would seek a second medical opinion before consenting to surgery. Husbands or partners also said they would want to assist in this decision, if it ever became necessary. Younger, better-educated, higher-income women are the most likely groups to favor second opinions and direct consent before surgery.

Most women agreed that there has been much progress in breast cancer treatment during the past ten years. Again, younger, better-educated, higher-income women agreed most strongly with the statement that progress has been made against breast cancer.

BACKGROUND AND OBJECTIVES

BACKGROUND AND OBJECTIVES

Cancer is the second leading cause of death in the United States today. One out of every eleven American women will develop the disease sometime in her lifetime. In 1980, more than 108,000 women will be diagnosed as having breast cancer and more than 35,000 women will die as a result of the disease.[1] But even as devastating as these figures are, they do not fully describe or account for the real human toll breast cancer takes on women in this country. Breast cancer is the leading cause of cancer deaths in women, and the leading cause of all deaths among women 40 through 44 years old. Delays in early detection and treatment can be particularly tragic in breast cancer because the five-year survival rates for localized breast cancer, at 85%, is the best survival rate for any localized breast cancer. On the other hand, when cancer has metastasized beyond local tumors, survival rates drop to 56%, or nearly 30% more lives lost.

As a secondary consideration, costs of treating localized breast cancer are considerably lower than costs of treating breast cancer at stage two or beyond. Thus, early detection and treatment not only appears to improve the probability of survival, but also reduces total costs of care.

Because breast cancer can be detected at its early stages of development in most cases, and because significant improvements in the survival rates of women with breast cancer would appear to be possible through early detection and treatment, much attention has been focused by the National Cancer Institute (NCI) and the American Cancer Society (ACS) on programs which would aid in early detection and treatment.

A survey of women's attitudes regarding breast cancer which was sponsored by the American Cancer Society, was fielded by Gallup in the Summer and Fall of 1973. A year following this survey of women's attitudes, press coverage of the diagnosis and treatment of breast cancer of Mrs. Betty Ford and Mrs. Happy Rockefeller was extensive. Because of this, any significant findings based on the 1973 survey were likely to be no longer valid. The wide coverage of every aspect of breast cancer, which followed in the wake of the announcements of a positive finding in the cases of Mrs. Ford and Mrs. Rockefeller, is thought by many professionals to have changed the public's knowledge and attitudes toward this disease significantly. Also, since the Gallup survey, there has been increasing assertiveness among women regarding women's choices of the extent of surgical excision to be carried out in treating breast cancer, or for that matter, to have surgery at all.

At the time the study was commissioned, published reviews of breast cancer incidence and mortality in the United States did not demonstrate significant differences between black women and white women. [2] Moreover, no comparative studies had been conducted to determine whether the attitudes and knowledge of black or Hispanic women vary significantly from white women. If income, education, age, and occupational status were held constant, would there be significant variations among black, Hispanic, or white women in knowledge or attitudes? Additional questions related to social, cultural, or behavioral differences also needed to be examined.

---

[1] 1980 Cancer Facts and Figures, American Cancer Society, New York, 1979.

[2] Doll, R. "Cancer in 5 Continents." Proceedings of the Royal Society of Medicine, 65:49, 1972.

Men's perceptions of breast cancer and their roles in their wives' or partners' health care and breast cancer-related practices are additional areas where information was lacking.

Because of the high incidence and death associated with breast cancer and the opportunity for educational and medical interventions, the National Cancer Institute (NCI) determined additional research was needed to understand public knowledge, attitudes, and practices related to breast cancer.

STUDY OBJECTIVES AND HYPOTHESES

The National Cancer Institute outlined five objectives for conducting the study:

- To obtain baseline levels of public knowledge, attitudes, and reported behavior regarding breast cancer among a national sample of women, spouse/partners and a special sample of urban blacks and urban Hispanic women.
- To measure changes in women's knowledge, attitudes, and behavior since the 1973 American Cancer Society survey on women's attitudes regarding breast cancer.
- To determine factors that have positive and negative influences on the practice of breast self-examination.
- To determine similarities and differences between partnered men's and women's attitudes concerning breast cancer.
- To determine the association between male responses and their partner's attitudes toward breast cancer and their practice of BSE.

To meet the objectives of the study, hypotheses were developed to address interrelationships among attitudes, knowledge, and practices related to breast cancer. These hypotheses are categorized and listed below.

Hypotheses - Attitudes Toward Breast Cancer

- Women fear breast cancer more than any other disease.
- Women believe breast cancer is more prevalent than it actually is.
- Black and Hispanic women are more concerned about changes breast cancer will have on their lives than white women.

Knowledge About Breast Cancer

- Levels of knowledge about breast cancer prevalence, breast cancer detection and treatment, and awareness of high-risk groups has increased since the 1973 American Cancer Society survey.
- Black and Hispanic women are less informed generally about breast cancer than are women in the general population.

Practices Related to Breast Cancer

- Women who are confident in their own ability to do BSE learned BSE through personal instruction from a doctor or nurse.
- Women who practice breast self-examination monthly received instruction from a doctor or nurse.
- Most women who report practicing breast self-examination perform the technique incorrectly.

Relationship of Attitudes and Knowledge to Practices Relating to Breast Cancer

- Women who are confident in their ability to do BSE and to recognize a problem practice BSE more regularly than women who don't.
- Men's responses are related to women's responses toward breast cancer, and women's practice of breast self-examination.
- Women who feel personal responsibility for their own well-being and take an active role in their health care are more likely to practice BSE than those who don't.
- Women who have a high level of confidence in a doctor's ability to detect, diagnose, and to treat breast cancer practice BSE more frequently than those who don't.
- Women who have relatively positive attitudes toward breast cancer are more likely to practice BSE and seek prompt medical treatment for breast-related problems.
- Women with a higher level of knowledge about breast cancer are more likely to practice BSE and seek prompt medical treatment.
- Black and Hispanic women are less informed about breast cancer, report lower levels of BSE practice, and are less likely to seek prompt treatment than white women.

STUDY DESIGN

To ensure that all of the relevant issues associated with breast cancer were addressed in the study and to ensure that the most appropriate techniques were being used in asking sensitive questions about breast cancer, the study was conducted in three stages. Stage I, the Preliminary Qualitative Phase, served as the period for instrument development. Stage II and Stage III, the quantitative phases, covered instrument validation, data reduction, and full-scale field survey and analysis activities.

As a result of Stage I and Stage II, it was determined that personal interviews would be conducted in the respondents' homes. The populations to be surveyed included:

- Adult females (18 or older), representative of the civilian non-institutional population of the continental United States
- Spouses or partners of the female respondents when they existed (separate interviews with male and female respondents).
- Urban black and urban Hispanic adult females (18 or older). This sample was not to be drawn on a national probability basis.

Stage I of the survey was conducted by Market Facts, Inc. under a subcontract with Porter, Novelli & Associates, a contractor of the National Cancer Institute. Opinion Research Corporation conducted Stages II and III of the study.

The Appendix of this Technical Report contains more specific details of the study design, methodology and analytical methods.

The tabular data from which this report was developed are contained in tables entitled National Survey of Public Knowledge, Attitudes, and Practices Related to Breast Cancer, Detailed Tabulations, Part I, Part II, and Part III.

PROFILE OF RESPONDENTS

STUDY DESIGN

To ensure that all of the relevant issues associated with breast cancer were addressed in the study and to ensure that the most appropriate techniques were being used in asking sensitive questions about breast cancer, the study was conducted in three stages. Stage I, the Exploratory Qualitative Phase, served as the basis for instrument development. Stage II and Stage III, the Quantitative Phases, involved instrument validation, data collection, and [illegible] survey and analysis activities.

As a result of Stage I and Stage II, it was determined that personal interviews would be conducted with respondents [illegible]. The populations to be surveyed include:

- Adult females (18 or older), representative of the civilian non-institutional population of the continental United States
- Spouses or partners of the female respondents [illegible]
- Upper State [illegible] adult females (18 or older). This sample was not to be drawn on a national probability basis.

Stage I of the survey was conducted by Market Facts, Inc. under a subcontract with Porter, Novelli & Associates, a contractor of the National Cancer Institute. Opinion Research Corporation conducted Stages II and III of the study.

The Appendix of this Technical Report contains more detailed details of the survey design, methodology and analytical methods.

The tabular data from which this report was developed are contained in tables entitled National Survey of Public Knowledge, Attitudes, and Practices Related to Breast Cancer, Detailed Tabulations, Volume I, Part I and Part II.

PROFILE OF RESPONDENTS

National Probability Sample

The demographic characteristics of the women interviewed in the national probability sample of female respondents correlate closely with current Census estimates for American women, aged 18 and over. As described in Section A of the Appendix, weighting procedures were applied to pull the sample into balance with Census estimates on one demographic characteristic only -- that of marital status of respondent.

In line with Census population figures, the largest proportions of female respondents were drawn from the North Central and Southern regions of the country (31% and 29%, respectively), with 23% residing in the Northeastern United States, and 17% in the Western states.

Close to three-fourths of these national probability women live in a major metropolitan area. The weighted data placed more emphasis on rural residents, bringing the nonmetropolitan portion of the sample closer to Census estimates: two-thirds metropolitan, one-third nonmetropolitan.

In general accord with Census indices, one-fourth of the national probability females in this study fall into the youngest age bracket -- 18 to 29; three in ten are between 30 and 44; two in ten are 45 to 59; and two in ten are of the predominantly postmenopausal age of 60 and older.

Although no more than a fourth of the women surveyed report that they received less than a high school education, Census data suggest that a more accurate figure is closer to one-third of the total adult female population. The proportion who say they have graduated from high school (38%) is in accord with Census data, but those who claim college level education exceed Census estimates (37%, compared to 26% by the Census). 1/

Of the national probability women participating in the survey, approximately one-third report household incomes of less than $10,000. About half realize annual incomes of between $10,000 and $24,999, while the household incomes for two women in ten exceeds $25,000.

Seven in ten women surveyed reported being married, with one in ten divorced/separated, widowed, or never married. As it appeared that the sample was skewed in the direction of married respondents, weights were applied to bring these categories more into line with Census estimates. 2/ The weighted sample reduced the married portion to 63% with 9% divorced/separated, 13% widowed, and 15% never married.

1/ Census Bureau officials, Population Division, Income Statistics, in a personal communication, expressed their belief that self-reported behavior of educational attainment are generally inflated.

2/ As in the case of education, it appears some respondents give socially acceptable, rather than factually correct, descriptions of their marital status. Census officials, Population Division, Households and Families, in a personal communication, believe that statistics on cohabiting couples were underestimated, while the number of married couples may be overestimated.

The most dominant reported religion among this national probability sample is Protestant, with six in ten reporting religious affiliation with this faith. Three women in ten are Catholic, while Jewish women comprise only 2% of the probability sample.

White women comprise 85% of the national probability sample, therefore, the demographics for these women correspond closely to those described for all the probability women, in total.

Although precise Census target figures (adults aged 18 and over by race and sex) are not available for every demographic characteristic, close correlations are observable between the white women in the sample and the Census figures for the national population of white women. A possible exception is a somewhat heavier concentration of white female respondents in the North Central states (35%, compared to a 28% Census figure), coupled with a corresponding slight decrease throughout the other three regions.

Black women, who comprise 10% of the unweighted national probability sample (160 individuals), can only be compared in general terms to data for the national population of black female adults, in total. Comparisons to Census data (where such exist) must be viewed with care, due to the sampling tolerances associated with a small data base.

In line with Census estimates, more than half the black females in the national probability sample (58%) reside in the South, while as few as one in ten are to be found in the Western states. Although the Census indicates that an equal proportion of black women (one in five) live in the Northeast and North Central regions, far more black women were interviewed for this study in the Northeast (28%) than in the North Central (4%) regions. Although precise Census targets are not available for this demographic characteristic, eight in ten national probability black women were found to reside in metropolitan areas, compared to only seven in ten among whites.

A definitive statement cannot be made due to the sampling variations of such a small respondent base, but black females among the national probability respondents appear to tie in with Census information indicating that, compared to whites, a slightly greater proportion of black women are in the youngest age group (34%, compared to 28% among whites), while somewhat fewer are in the oldest category (19% aged 60 and over, compared to 25% among whites).

Compared to white females, a greater proportion of black women have not completed their high school education (41%, compared to 23% among whites). Also, far more black women have household incomes under $10,000 (50%, compared to 30% among whites), while twice as many white women as black women claim to be in the $25,000 and over category.

As was the case with white women, more black women reported themselves as married than appear justified by current Census figures (61% of the black women surveyed, compared to Census figures of 37%). Weighting factors applied to this characteristic had the effect of reducing the married proportion to as low as 46%, while the "never married" segment was brought more into line with Census indices (approximately one-fourth of black women nationwide).

Male Husbands/Partners

Region of country and residence in metro and nonmetro areas for husbands/partners align closely with the statistics for the female probability sample, as do race and religion of these male respondents.

Most (96%) of the husbands/partners report that they are married. Only 18% fall in the under 30 age category. The greatest proportion (36%) are concentrated in the 30- to 44-year-old age range, with just over two in ten between 45 and 59 or age 60 and older.

Almost half (45%) claim some college education and, perhaps because they tend to be older, are apt to report levels of income higher than those reported by the national sample of adult women. Well over six in ten report annual household income of $15,000 or over, with a full fourth realizing more than $25,000 yearly.

Supplemental Black Females

As among black women in the national probability sample, the majority of black respondents in the urban supplemental sample reside in the Southern region of the country (43%). About a fourth were drawn from the Northeastern and North Central states, respectively; with one in ten from the Western region of the country.

About three in ten supplemental black women are under the age of 30. About two in ten are in the 30 to 44 and 45 to 59 age ranges, while a heavier concentration (32%) are to be found in the 60 and older range.

About half of these women (52%) did not graduate from high school. Correspondingly, only 18% reported education on the college level. Only a fourth report annual household incomes in excess of $10,000.

Almost a fourth of these black women have never married, while an equal number report they are widowed, possibly due to the proportion of women in the older age categories. Four in ten are currently married, with 15% divorced or separated.

As might be expected, the great majority of these women (81%) are of the Protestant faith.

Supplemental Hispanic Females

Most of the Hispanic women interviewed reside in the Western states (55%), while a fourth are from the Southern region of the country. The Northeast provided 18% of the sample, while virtually none (3%) were to be found in the North Central states.

Slightly more than three in ten Hispanic respondents are in the youngest age category (under 30), while relatively few (only 14%) are age 60 or older.

As among the supplemental black women, most of these Hispanic women (67%) did not complete high school. Two in ten graduated from high school, while only one in ten claims some college education.

Close to seven in ten report annual household incomes of less than $10,000, with the remaining third reporting incomes of over $10,000, but none greater than $25,000.

Sixty percent of these Hispanic women are married, while relatively few are single (14%), divorced (16%), or widowed (9%).

As one would suspect, almost all (87%) of these women cited affiliation with the Roman Catholic Church.

Comparison of the National Probability Sample With Census Data

The background characteristics of the national probability sample of female respondents are compared below with the most recent Census estimates. Both unweighted and weighted results are shown for these groups.

	Total Females 19 and Over			
	SAMPLE			
	Unwtd	Wtd	CENSUS	
Total	1580	--	--	
Northeast	23%	23%	23%	1/
North Central	31	31	27	
South	29	27	32	
West	17	19	18	
Metropolitan	73%	66%	68%*	2/
Nonmetropolitan	27	34	32	
White	85%	87%	88%	3/
Nonwhite	15	13	12	
18-29	25%	24%	29%	4/
30-44	31	29	25	
45-59	22	21	22	
60 years or over	21	26	24	
Less than HS complete	25%	22%	33%	3/
HS complete	38	36	41	
Some college or more	37	42	26	
HH income under $10,000	32%	35%	37%	3/
$10,000 to $14,999	15	14	18	
$15,000 to $24,999	33	32	27	
$25,000 and over	20	19	18	
Married	71%	63%	60%	5/
Divorced/Separated	9	9	10	
Widowed	10	13	13	
Never married	10	15	17	

---

* Only available for total population (male and female) age 18 and over.

1/ Statistical Abstract of the United States (100th ed.), Table 38, Resident Population by Sex and Race, 1976.

2/ Current Population Reports, Series P-20, No. 336, May 1980, Table 15, Population Profile: 1978.

3/ Current Population Reports, Series P-25, No. 800, July 1978, Table 3, Estimate of the U.S. Population.

4/ Current Population Reports, Series P-25, No. 870, January 1980, Table 3, Estimates of the Population of the United States, by Age, Race, and Sex: 1976-1979.

5/ Current Population Reports, Series P-20, No. 349, February 1980, Table 3, Marital Status and Living Arrangements: March, 1979.

Background Characteristics of Purposive Samples

	Male Spouse/ Partner Unwtd	Supplemental Urban Black Females Unwtd	Supplemental Urban Hispanic Females Unwtd
Base:	(720)	(253)	(419)
Northeast	23%	24%	18%
North Central	37	24	3
South	24	43	24
West	16	9	55
Metropolitan	77%	--	--
Nonmetropolitan	23	--	--
White	88%	--	--
Nonwhite	12	100%	100%
18-29	18%	28%	32%
30-44	36	18	31
45-59	24	22	23
60 years or over	21	32	14
Less than HS complete	24%	52%	67%
HS complete	31	30	19
Some college or more	45	18	10
HH income under $10,000	19%	76%	67%
$10,000 to $14,999	16	12	16
$15,000 to $24,999	39	10	15
$25,000 and over	26	2	2
Married	96%	40%	60%
Divorced/Separated	2	15	16
Widowed	0	23	9
Never married	2	22	14
Protestant	58%	81%	7%
Catholic	26	8	87
Jewish	2	0	0
Other	7	6	4
None	7	4	1

FINDINGS

	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
Northeast	[illegible]	[illegible]	[illegible]
North Central	[illegible]	[illegible]	[illegible]
South	[illegible]	[illegible]	[illegible]
West	[illegible]	[illegible]	[illegible]
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[illegible]	[illegible]	[illegible]	[illegible]
Protestant	[illegible]	[illegible]	[illegible]
Catholic	[illegible]	[illegible]	[illegible]
Jewish	[illegible]	[illegible]	[illegible]
Other	[illegible]	[illegible]	[illegible]
None	[illegible]	[illegible]	[illegible]

Interpreting the Findings

In all tables throughout this report, the number of respondents in each specified sample group appears in parentheses at the top of the table. Survey results are shown in the form of percentages. An asterisk (*) signifies any value of less than one-half percent.

There are four instances where percentages may not add to the total:

a) tables that add to 99% or 101% are caused by machine rounding

b) tables that add to more than the expected total are due to multiple mentions of possible answers

c) tables that add to less than the expected total occur when only the significant response categories have been shown

d) in some cases where only one answer to a question was sought, despite probing, multiple responses were given at the respondents' insistence; in these instances, the percentages total to more than 100% and are footnoted appropriately in the table.

If a question was not asked of all respondents, in most cases the base for percentaging is reduced accordingly.

Please note that the main text of the report refers to the total national probability sample, to the husbands/male partners of the national probability sample of women, and to the supplemental samples of urban black and Hispanic women. The black women in the national probability sample are only discussed in the demographic trends section within each chapter.

Statistical Reliability of the Samples

Results of all surveys based on a sample of a given universe are subject to sampling tolerances. The probable limits of such tolerances can be estimated by standard statistical methods. The sampling tolerances vary with the size of the sample and the magnitude of the percentage results.

The table on the next page shows the possible tolerances that apply to percentage results reported for the national probability sample of females (1580) and for other sample sizes. The chances are 95 in 100 that a reported result does not vary, plus or minus, by more than the indicated number of percentage points from the results that would be obtained if interviews had been conducted with all females in the defined universe.

For example, in the national probability sample of 1580 female respondents, 83% report that they have practiced breast self-examination. The chances are approximately 95 in 100 that the range -- 81% to 85% -- includes the true percentage for all women.

Size of Sample on Which Survey Is Based	Approximate Sampling Tolerances for Survey Percentages At or Near These Levels 1/				
	10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
1,580	2%	2%	3%	3%	3%
1,000	2%	3%	4%	4%	4%
700	3%	4%	4%	5%	5%
500	3%	4%	5%	5%	5%
400	4%	5%	6%	6%	6%
200	5%	7%	8%	8%	9%

When making comparisons between white women in the national probability sample (1345) and black women in this same sample (160), consideration should be given to the sampling tolerances involved when comparing results of the one subgroup to the other:

Numbers of Interviews Compared	Approximate Sampling Tolerances for Survey Percentages At or Near These Levels 1/				
	10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
1345 to 160	6%	8%	9%	10%	10%

1/ Based on the formula $2.45\sqrt{\frac{pq}{n}}$ (2.45 is the product of 1.96 and 1.25, where 1.25 is an estimated correction factor for the effects of clustering). These are 95/100 tolerance levels.

Care should be used when applying this table to results for males, as the male sample is not based on a true probability sample design. Also, as the supplemental samples of black and Hispanic women are purposive in nature, the table should be used simply as a guide to interpretation.

A. HEALTH-RELATED BACKGROUND OF RESPONDENTS

HYPOTHESES PERTAINING TO HEALTH-RELATED BACKGROUND OF RESPONDENTS

- Women who feel personal responsibility for their own well-being and take an active role in their health care are more likely to practice BSE than those who don't.
- Women who have positive attitudes toward breast cancer are more likely to practice BSE and seek prompt medical treatment for breast-related problems.
- Women with a higher level of knowledge about breast cancer are more likely to practice BSE and seek prompt medical treatment.
- Black and Hispanic women are less informed about breast cancer, report lower levels of BSE practice, and are less likely to seek prompt treatment than white women.

HEALTH-RELATED BACKGROUND OF RESPONDENTS

General Health Background

Four out of five American women surveyed described the state of their health as good to excellent (Table A.1). Only 17% said their health was fair (12%) or poor (5%). At the time this survey was conducted, 41% said they had been either very or somewhat concerned about their health during the previous month, but only one woman in seven described herself as having been "very concerned" (Table A.3).

Almost half (47%) of all women reported having one general check-up during the past year. One woman in three did not receive a check-up during the course of the past year, while one in six claimed to have had two or more check-ups last year (Table A.5).

Respondents were read a list of health-care activities and were asked to indicate those they practiced in order to take care of their health. As shown in Table A.7, most American women reported engaging regularly in a number of important health-related activities. Eighty-seven percent said they have their blood pressure checked regularly, while 80% claimed to be watching their diet and nutrition. Seven out of ten said they have regular Pap smears and six out of ten reported regularly examining their breasts for signs of cancer. The only health-related activity in which the average woman appears to be somewhat less than conscientious is exercise: only 48% said they exercise regularly.

Women surveyed reported that most of their health information came from reading material -- particularly newspapers and women's magazines (Table A.9). Sixty-two percent said they got their health-related information from reading. The only other health information source cited by a majority of women was the medical profession: 52% said they learned about health from a doctor, nurse, or clinic. Television ranked third as an information source (named by 39%).

As seen in Table A.3, the husbands/partners of national probability women were somewhat more likely to report that their wives/partners recently experienced some concern about their health than the women themselves claim. Fifty-five percent recalled that their wives/partners were at least somewhat concerned about their health. However, only 39% of females with partners claimed to have experienced such concern. The men were somewhat more moderate than their wives/partners in their reports of the health-related activities in which the women engaged. However, a majority of men did say their wives/partners regularly watched their diet, had their blood pressure checked, had a Pap smear, and examined their breasts for signs of cancer (Table A.7). Like their wives/partners, men listed reading first as their most important source of information about health, although they cited it less frequently than did the women (51% vs. 62%). With men, television ranked second as an information source, and medical professionals were third (Table A.9).

Black women in the supplemental urban sample reported more concern about their health than did women in the general population (Table A.4). The supplemental sample of black women were more inclined than women in general to report having had two or more medical check-ups in the past year (Table A.6). They reported a higher frequency of regular breast examination and a lower frequency of watching diet and nutrition. Women in the supplemental black sample relied less on reading for their health information than did women in the general public; medical professionals and television ranked first and second, respectively, as their information sources (Table A.10).

Personal History of Breast Problems

As Table A.11 shows, about one out of every five American women stated that at some time she had experienced some medical problem involving the breasts. Having a cyst removed, having a lump removed, problems associated with nursing, and other problems were mentioned with about equal frequency (by 3% to 6%). In nearly eight instances in ten, the problem was discovered by the woman herself rather than by a doctor or by her husband/partner (Table A.13). In three instances in four, when the problem was discovered, the woman reported going to a doctor or clinic immediately, and virtually none said she waited more than three weeks before seeking medical attention (Table A.15). A majority (58%) of the women who experienced breast problems said they discussed the matter with their husbands/partners; a few talked about it with either their mothers, some other female relative, or a friend (Table A.15).

Among both the black and Hispanic urban supplemental samples, women were less likely than those in the national probability sample to report having experienced breast problems (Table A.12). Only 10% of the black women and 11% of the Hispanic women said they have had such problems. As with the general female population, of those who have had such problems, most said they discovered the problem themselves and sought medical treatment quickly (Table A.14). Women in the black supplemental sample were slightly less likely to report having discussed the problem with their husbands/partners than were either the Hispanic women or those in the national probability sample (Table A.16).

Acquaintance With Someone Who Has Had Breast Cancer

Three out of four women in the general female population said that they knew someone who has had breast cancer. In most cases, the person was reported to be a friend or acquaintance. However, 4% of respondents said their mothers had breast cancer, 3% reported that their sisters had the disease, and 23% said breast cancer afflicted some other female relative (Table A.17).

Of the women who reported knowing someone with breast cancer, 40% said that the cancer was treated by surgery, an operation, or breast removal. Thirty-two percent were knowledgeable enough to refer to the treatment received as a mastectomy. Thirteen percent said their acquaintances were treated with chemotherapy or drugs, and 14% said they received radiation, X-ray, or cobalt treatments.

Men were less likely than their wives/partners to say they knew someone who has had breast cancer (64% vs. 74%). Since the biggest difference between the sexes came in reports of friends or nonrelated people who have had breast cancer, it seems likely that the difference may simply be a function of the private and confidential nature of the disease.

Women in both the black and Hispanic supplemental samples were much less likely than national probability women to report an acquaintance with someone with breast cancer: only 52% in both groups did so. Women in these groups were less likely to refer to mastectomy or chemotherapy as the treatment administered to the acquaintance who suffered from breast cancer (Table A.18).

DEMOGRAPHIC TRENDS IN HEALTH-RELATED BACKGROUND

Education

The better educated a woman was, the more likely she was to have reported a positive view of the state of her health. Among national probability women, those with some college education were at least three times as likely as those who did not complete high school to report the state of their own health as excellent. Those who did not complete high school were much more likely than others to rate their health as fair or poor. As a large proportion of those with a less than high school education (48%) were age 60 or older, this finding may be more a matter of age than of education.

Women who had at least a high school education were more likely than those who hadn't to report having had one annual check-up.

It appears from the data that increased levels of education tend to lead to higher reported levels of watching the diet, regular exercise, and having Pap tests, but have no significant effect on reported levels of regular breast self-examination or having blood pressure checked.

Women who had attended college relied more heavily on reading as a source for health-related information than did the less well educated. Also, women who had attended college were more likely than those who did not finish high school to report knowing someone who had had cancer. Women who did not finish high school were also somewhat less likely than those who did graduate to say that they personally had experienced some medical problems with their breasts (14% vs. 20%).

Income

Women in the lowest income bracket ($7,500 or less) tended to offer more pessimistic assessments of the state of their health than did women with household incomes over $7,500. Among national probability women, fully 40% of those with incomes under $7,500 rated their health as either fair or poor, as compared with 7% of those with incomes of $15,000 or more. Since a large portion of these low-income women were in the older age categories -- more than 57% at least 60 years of age -- this finding may be a reflection of age rather than income.

Among these national probability women, higher incomes were linked with a higher frequency of reported Pap tests, but income was not found to have a substantial impact on other health-related activities.

Higher income levels were also associated with greater prevalence of reading to obtain information on health issues. In particular, upper income women were more likely than those in the lowest income category to say that women's magazines and newspapers are important sources of information.

The frequency with which women reported either knowledge of someone who has had breast cancer or personal experience of medical problems with their breasts increased as income level rose. In the latter case, women whose incomes were $25,000 or higher were almost three times as likely as those with incomes of under $7,500 (28% vs. 10%) to say they had had medical problems with their breasts.

Age

As might be expected, women under age 50 revealed a more positive outlook toward the current state of their health than did women over 50.

Among national probability women, those age 65 or over were more likely than others to report having multiple check-ups during the course of the year. These older women were evenly divided between those who have two or more check-ups a year (31%), those who have one (31%) and those who have none (32%).

More than three-fourths of women, aged 35 or over, said they knew someone who had had breast cancer. Only 62% of women in the 18-34 age group reported having such an acquaintance.

When it came to their own experiences of breast problems, women between the ages of 35 and 49 were most likely to report having had such difficulties (30%, as opposed to less than 20% of younger and older women).

Marital Status

Marital status showed little relationship to these health-related issues except that widows (who tend to be older) demonstrated the characteristics of elderly women. These included less positive assessments of their own health, more frequent check-ups, and fewer Pap tests.

Race

Black women in the national probability sample had a more pessimistic view of the state of their health than did white women; 26% of black women said they were in fair or poor health, compared to 16% of white women; and 58% of black women reported experiencing concern about their health during the previous month, compared to 38% of white women. Interestingly, black women were only half as likely as white women to report having no check-ups during the past year but were twice as likely to say they had had multiple check-ups during the course of the year.

Among the national probability women, black women were much less likely than were white women to say they got their information about health through reading (39% vs. 64%). Medical professionals top black women's list of health information sources (named by 59%). Reading equalled television as the second most important source. Other sources, such as family, friends, work, and radio, carried about the same weight with black women as with white women.

Among national probability women, black women were less likely than were white women to say they knew someone with breast cancer (54% vs. 76%). They were also less likely to report that their acquaintances were treated by mastectomy or chemotherapy.

Table A.1

General Health Background

First of all, would you say your own health in general is ...

(Q. 1a)

	National Probability Sample	
	Total Females	Male Spouse/Partner 1/
Base:	(1580)	(720)
Excellent	27%	26%
Very good	27	30
Good	29	28
Fair	12	12
Poor	5	4

1/ Men were asked to think of their wife's/partner's health (Appendix V, Form B, Q. 2a).

Table A.2

General Health Background

First of all, would you say your own health in general is ...

(Q. 1a)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base:	(253)	(419)
Excellent	16%	17%
Very good	18	30
Good	29	34
Fair	31	15
Poor	6	4

Table A.3

General Health Background

How concerned or worried about your health have you been during the past month? Would you say you are ...

(Q. 1b)

	National Probability Sample	
	Total Females	Male Spouse/Partner 1/
Base:	(1580)	(720)
Very concerned	14%	19%
Somewhat concerned	27	36
Not very concerned	27	22
Not concerned at all	32	21
Don't know	*	2

1/ Men were asked how concerned their wives/partners have been about their own health during the past month (Appendix V, Form B, Q. 2b).

Table A.4

General Health Background

How concerned or worried about your health have you been during the past month? Would you say you are ...

(Q. 1b)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base:	(253)	(419)
Very concerned	37%	17%
Somewhat concerned	28	29
Not very concerned	15	22
Not concerned at all	20	32

Table A.5

General Health Background

Could you tell me, please, how many times during the past year you went to a doctor for a general check-up -- that is, not because of a specific illness or condition. Don't include eye doctors or dentists. [1]

(Q. 2)

	National Probability Sample
	Total Females
Base:	(1580)
None	32%
One	47
Two	10
Three	3
Four or more	5
Don't know/no response	3

---

[1] Men were not asked this question.

Table A.6

General Health Background

Could you tell me, please, how many times during the past year you went to a doctor for a general check-up -- that is, not because of a specific illness or condition. Don't include eye doctors or dentists.

(Q. 2)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base:	(253)	(419)
None	17%	26%
One	36	36
Two	25	18
Three	5	4
Four or more	13	15
Don't know/no response	4	1

Table A.7

General Health Background

Which of the following things do you do to take care of your health? Do you ...

(Q. 3a-f)

	National Probability Sample	
	Total Females	Male Spouse/Partner 1/
Base:	(1580)	(720)
Watch your diet and nutrition	80%	75%
Exercise regularly	48	40
Examine breasts regularly for signs of cancer	61	52
Have a Pap smear on a regular basis	71	65
Have blood pressure checked	87	73

1/ Men were asked which things their wives/partners do to take care of their own health (Appendix V, Form B, Q. 3a-f).

Table A.8

General Health Background

Which of the following things do you do to take care of your health? Do you ...

(Q. 3a-f)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base:	(253)	(419)
Watch your diet and nutrition	67%	70%
Exercise regularly	50	45
Examine breasts regularly for signs of cancer	71	64
Have a Pap smear on a regular basis	66	76
Have blood pressure checked	89	85

Table A.9

General Health Background

Among the sources listed on this card, where would you say you get most of your information about health?

(Q. 4a)

Where, specifically, do you read about health?

(Q. 4b)

	National Probability Sample	
	Total Females	Male Spouse/Partner
Base:	(1580)	(720)
Reading:	62%	51%
Reader's Digest	21%	18%
Women's magazines	33	3
News magazines	13	17
Other magazines	12	11
Newspapers	36	35
Medical books/journals	20	15
Other books	7	5
All other	3	3
Doctor, nurse, clinic	52	38
Television	39	46
Family, friends	25	20
Family/friends in the medical profession	24	18
Work	11	12
Radio	8	10
Other	2	2

Table A.10

General Health Background

Among the sources listed on this card, where would you say you get most of your information about health?

(Q. 4a)

Where, specifically, do you read about health?

(Q. 4b)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base:	(253)	(419)
Reading:	36%	35%
Reader's Digest	11%	11%
Women's magazines	15	19
News magazines	5	5
Other magazines	5	4
Newspapers	14	9
Medical books/journals	11	20
Other books	4	1
All other	4	1
Doctor, nurse, clinic	61	57
Television	44	40
Family, friends	17	23
Family/friends in the medical profession	15	15
Work	8	5
Radio	6	14
Other	5	*

Table A.11

Personal History of Breast Problems

Have you, yourself, ever had any medical problems with your breasts?

(Q. 43a)

Tell me, please, what sort of trouble you had?

(Q. 43b)

	National Probability Sample Total Females
Base:	(1580)
Has had medical problems with breasts	19%
Type of trouble:	
Cyst removed	5%
Lump removed	6
Problems associated with nursing	3
Other	6

Table A.12

Personal History of Breast Problems

Have you, yourself, ever had any medical problems with your breasts?

(Q. 43a)

Tell me, please, what sort of trouble you had?

(Q. 43b)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base:	(253)	(419)
Has had medical problems with breasts	10%	11%
Type of trouble:		
Cyst removed	2%	3%
Lump removed	3	1
Problems associated with nursing	2	3
Other	3	4

Table A.13

Personal History of Breast Problems

Who discovered the problem -- you, your husband (partner), or the doctor? (Asked only of those who have ever had medical problems with their breasts.) (Q. 43c)

Did you go to a doctor or clinic about the breast problem? (Asked only of those who discovered the problem themselves, or whose husbands/partners discovered the problem.) (Q. 43d)

	National Probability Sample
	Total Females
Base:	(1580)
Who discovered the problem	
Respondent	15%
Husband/partner	1
Doctor	3
Went to a doctor/clinic	
Yes	15%
No	*

Table A.14

Personal History of Breast Problems

Who discovered the problem -- you, your husband (partner), or the doctor? (Asked only of those who have ever had medical problems with their breasts.) (Q. 43c)

Did you go to a doctor or clinic about the breast problem? (Asked only of those who discovered the problem themselves, or whose husbands/partners discovered the problem.) (Q. 43d)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base:	(253)	(419)
Who discovered the problem		
Respondent	7%	9%
Husband/partner	0	0
Doctor	3	2
Went to a doctor/clinic		
Yes	6%	9%
No	1	*

Table A.15

Personal History of Breast Problems

About how long after you discovered the problem did you try to make an appointment with the doctor or the clinic? (Asked only of those who went to doctor or clinic after they or husband/partner discovered problem.)

(Q. 43e)

Other than a doctor, whom did you talk to about the problem? (Asked only of those who have ever had medical problems with their breasts.)

(Q. 43f)

	National Probability Sample
	Total Females
Base:	(1580)
Made an appointment	
Immediately	12%
2-3 weeks later	2
A month later or more	*
Discussion of problem	
Husband/partner	11%
Mother	5
Other female relative	3
Female friend	3
Other	3

Table A.16

Personal History of Breast Problems

About how long after you discovered the problem did you try to make an appointment with the doctor or the clinic? (Asked only of those who went to doctor or clinic after they or husband/partner discovered problem.)

(Q. 43e)

Other than a doctor, whom did you talk to about the problem? (Asked only of those who have ever had medical problems with their breasts.)

(Q. 43f)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base:	(253)	(419)
Made an appointment		
Immediately	4%	7%
2-3 weeks later	1	1
A month later or more	1	1
Discussion of problem		
Husband/partner	3%	6%
Mother	2	3
Other female relative	3	2
Female friend	2	2
Other	2	1

Table A.17

Acquaintance With Someone Who Has Had Breast Cancer

Have you ever personally known anyone who had breast cancer?

(Q. 44a)

What is her (or their) relationship to you? (Asked only of those who have personally known anyone who had breast cancer.)

(Q. 44b)

What treatment(s) did she (they) have for the cancer? (Asked only of those who have personally known anyone who had breast cancer.)

(Q. 44c)

	National Probability Sample	
	Total Females	Male Spouse/Partner
Base:	(1580)	(720)
Respondent has personally known someone with breast cancer	74%	64%
What was their relationship to you?		
Natural mother	4%	3%
Natural sister	3	3
Other female relative	23	25
Friend, nonrelated person	54	39
What treatment(s) did they receive?		
Surgery, operation, breast removed	40%	36%
Mastectomy	32	25
Chemotherapy, drugs, medication	13	6
Radiation/X-ray/cobalt	14	9
Other	1	2
Don't know	3	3

Table A.18

Acquaintance With Someone Who Has Had Breast Cancer

Have you ever personally known anyone who had breast cancer?

(Q. 44a)

What was her (or their) relationship to you? (Asked only of those who have personally known anyone who had breast cancer.)

(Q. 44b)

What treatment(s) did she (they) have for the cancer? (Asked only of those who have personally known anyone who had breast cancer.)

(Q. 44c)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base:	(253)	(419)
Respondent has personally known someone with breast cancer	52%	52%
What was their relationship to you?		
Natural mother	2%	*%
Natural sister	2	3
Other female relative	15	10
Friend, nonrelated person	36	41
What treatment(s) did they receive?		
Surgery, operation, breast removed	32%	37%
Mastectomy	11	7
Chemotherapy, drugs, medication	4	5
Radiation/X-ray/cobalt	8	10
Other	2	2
Don't know	4	5

B. PERCEPTIONS OF WOMEN'S HEALTH ISSUES

HYPOTHESES RELATING TO PERCEPTIONS OF WOMEN'S HEALTH ISSUES

- Women fear breast cancer more than any other disease.
- Women believe breast cancer is more prevalent than it actually is.
- Black and Hispanic women are more concerned about changes breast cancer will have on their lives than white women.

CHANGING ATTITUDES TOWARD BREAST CANCER

Women's attitudes about cancer, and particularly breast cancer, appear to be a dominant concern. Not only did women identify breast cancer as the most serious health problem that women face, but many women feared that they had a real chance of developing this disease, even though the latest available statistics suggest that only about one out of eleven American women develop the disease.

These findings show that awareness and focus of public thought on the subject of breast cancer have intensified since 1973. This apparently is the result of the immediate and real concern the issue of breast cancer invokes in all the groups surveyed.

Perceptions of Women's Health Issues

Prior to any mention of the specific topic of the interview, respondents were asked to name what they felt was the most serious health problem faced by women. In response to this open-ended, general question, cancer was widely reported as the most salient medical concern of women, mentioned by approximately three of every four national probability females and their husbands/partners (Table B.1).

Among women in the national probability sample, no other medical concern approached the magnitude of response which cancer received.

Specific mentions of breast cancer were made by more than half the national probability respondents -- 58% of the women and 53% of their husbands/partners. Ranking second to breast cancer as the most serious health concern of women was uterine, cervical, or vaginal cancer.

These findings show that cancer in general, and breast cancer in particular, is more in the forefront of public thought than was indicated by the American Cancer Society study of 1973. At that time, 57% of all women surveyed believed cancer to be one of the two or three most serious health problems faced by women, compared to 76% who mention the disease today. In 1973, only 21% specifically made reference to breast cancer, whereas more than half (58%) did so in the current study.

With regard to the supplemental samples of urban black and urban Hispanic women, essentially the same pattern emerges. Almost seven in ten women in each of these groups believed cancer is the most serious health problem women face. Moreover, more than four in ten cited breast cancer as the most prevalent form of the disease (Table B.2).

All in all, these findings reveal the wide recognition of the seriousness of breast cancer by all segments of the population.

Black women in the urban black sample, as well as black women in the national probability sample, voiced recognition of the seriousness of high blood pressure/hypertension as a health problem confronting women in the black community.

Perceived Risk of Personally Getting Breast Cancer

Among diseases mentioned by respondents as illnesses which concerned them, breast cancer was mentioned more frequently than any other disease, as seen in Table B.3. Three national probability women in ten said they viewed breast cancer as their most serious health threat, while one respondent in ten viewed uterine, cervical, or vaginal cancer in the same light.

In response to first impressions of what breast cancer brings to mind, "loss of breast" was mentioned three times more frequently than any other top-of-mind thought, underscoring the powerful psychological impact of breast cancer through its association with surgical treatment.

Other illnesses regarded with personal concern included hypertension, heart trouble, diabetes, arthritis, and emotional stress.

Once the interview had begun to turn more specifically to the subject of breast cancer, women were asked to estimate their likelihood of developing the disease themselves someday. One woman in three in the national probability sample said that she was very or somewhat likely to develop this disease. Husbands/ partners concurred with the opinions expressed by their wives/partners (Table B.5).

No one factor can be singled out as the aspect of breast cancer that worried women most.

Turning to the samples of urban black and urban Hispanic women, cancer, and particularly breast cancer, was again the disease of greatest personal concern to respondents. Only concern about high blood pressure/ hypertension among urban black women was close to cancer in perceived seriousness (Table B.4).

When asked to estimate the likelihood of developing the disease themselves someday, black women in the urban supplement appeared the least concerned about this possibility -- only 26% thought they might get breast cancer themselves. In contrast, almost half (48%) of the women in the urban Hispanic supplement believed they had a likely chance of developing breast cancer (Table B.6).

DEMOGRAPHIC TRENDS IN PERCEPTIONS OF WOMEN'S HEALTH ISSUES

Age

Of all the demographic characteristics evaluated, age is most closely related to perceptions of breast cancer as a serious health threat to women. The data indicate that the highest level of concern was reported among the 18-34 age group and tends to lessen with age. Specifically, increased age tends to parallel:

- lessened concern that breast cancer is a serious health problem that women face
- lessened concern about developing breast cancer
- lessened perception of the chances respondent will personally develop breast cancer

Table B.7 illustrates the impact that age has on perceptions of these issues.

Education and Income

Women who did not complete their high school education, as well as those whose family incomes were less than $7,500, were less likely than others to perceive breast cancer as a serious health threat. However, as a large proportion of these women fall in the older age categories, the findings may be more a matter of age than of income or education.

Marital Status

Widows expressed the least concern about the threat of cancer, while single women were likely to express the most concern. Clearly this factor is also correlated with age.

Race

Other than cancer, the only illness or disease mentioned by more than one respondent in ten was high blood pressure/hypertension, which received mention by a full 25% of the black women in the national probability sample.

Black women reported less concern than did white women that breast cancer and uterine/ cervical/vaginal cancer are serious health problems facing women.

Six out of ten white women were worried about cancer as were about five out of ten black women. Six out of ten women in both races were greatly or somewhat concerned about getting cancer.

Table B.1

Most Serious Health Problem Faced by Women

Now, I'd like to talk about some specific health matters concerning women. In your opinion, what is the most serious health problem women face? 1/

(Q. 5a) or (Q. 6a)

Which specific type of cancer is that? (Asked only of those who say that cancer is a serious health problem women face.) 1/

(Q. 5b) or (Q. 6b)

	National Probability Sample	
	Total Females	Male Spouse/Partner
Base:	(1580)	(720)
Cancer	76%	71%
Breast	58%	53%
Uterine/cervical/vaginal	26	19
Cancer in general	8	7
Other/don't know	9	10
Emotional stress/nerves	7	4
High blood pressure/hypertension	6	4

1/ Only top mentions included in this table.

2/ The base for percentages of specific types of cancer mentioned is 76% of 1580. Multiple responses were accepted.

Table B.2

Most Serious Health Problem Faced by Women

Now, I'd like to talk about some specific health matters concerning women. In your opinion, what is the most serious health problem women face?

(Q. 5a) 1/

Which specific type of cancer is that? (Asked only of those who say that cancer is a serious health problem women face.)

(Q. 5b) 1/

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base:	(253)	(419)
Cancer	67%	74%
Breast	42%	45%
Uterine/cervical/vaginal	21	29
Cancer in general	10	19
Other/don't know	10	7
Emotional stress/nerves	8	8
High blood pressure/ hypertension	17	5

1/ Only top mentions included in this table.

Table B.3

Disease/Illness of Greatest Personal Concern to Respondents

Next, please tell me which specific diseases or illnesses worry you the most?

(Q. 6a) 1/

What specific type of cancer worries you the most? (Asked only of those who say that cancer is the disease which worries them the most.)

(Q. 6c) 1/

	National Probability Sample Total Females
Base:	(1580)
Cancer	59%
Breast	29%
Uterine/cervical/vaginal	11
Cancer in general	10
Others/don't know	13
High blood pressure/hypertension	10
Heart trouble	17
Diabetes	8
Arthritis	7
Emotional stress	4

1/ Not asked of male respondents; only top mentions included in this table. Multiple responses were accepted.

Table B.4

Disease/Illness of Greatest Personal Concern to Respondents

Next, please tell me which specific diseases or illnesses worry you the most? 1/

(Q. 6a)

What specific type of cancer worries you the most? (Asked only of those who say that cancer is the disease which worries them the most.) 1/

(Q. 6c)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base:	(253)	(419)
Cancer	46%	59%
Breast cancer	23%	28%
Uterine/cervical/vaginal	9	9
Cancer in general	9	20
Other/don't know	6	5
High blood pressure/hypertension	20	14
Heart trouble	12	17
Diabetes	9	14
Arthritis	14	12
Emotional stress	8	10

1/ Only top mentions included in this table; multiple responses were accepted.

Table B.5

Perceived Risk of Personally Getting Breast Cancer

What do you think the chances are that you personally will have breast cancer some day? Do you think it is . . .

(Q. 10)

		National Probability Sample		
		Total Females		Male Spouse/Partner 1/
Base: 2/		(1580)		(720)
Very likely	33%	2%	30%	2%
Somewhat likely		31		28
Somewhat unlikely		32		36
Very unlikely		27		29

1/ Men were asked what they thought the chances are that their wives/partners will have breast cancer some day (Appendix V, Form B, Q. 10).

2/ A total of 126 respondents (8%) did not respond to this question.

Table B.6

Perceived Risk of Personally Getting Breast Cancer

What do you think the chances are that you personally will have breast cancer some day? Do you think it is . . .

(Q. 10)

		Supplemental Samples		
		Urban Black Females		Urban Hispanic Females
Base:		(253)		(419)
Very likely	26%	5%	48%	5%
Somewhat likely		21		43
Somewhat unlikely		29		20
Very unlikely		31		17

Table B.7

Perceptions of Women's Health Issues by Age of Respondent

Which specific type of cancer is that? (Asked only of those who say that cancer is a serious health problem women face.)

(Q. 5b)

Which specific type of cancer worries you the most? (Asked only of those who say that cancer is the disease which worries them the most.)

(Q. 6c)

What do you think the chances are that you personally will have breast cancer some day?

(Q. 10)

Total National Probability Females	18 - 34 (591)	35 - 49 (400)	50 - 64 (339)	65 and over (247)
Proportion who view breast cancer as the most serious health threat to women in general	65%	59%	56%	47%
Breast cancer is specific disease of most concern to respondents, personally	38%	31%	25%	14%
Chances of developing breast cancer are very/somewhat likely	40%	35%	30%	21%

C. LEVELS OF KNOWLEDGE ABOUT BREAST CANCER

HYPOTHESES RELATING TO LEVELS OF KNOWLEDGE ABOUT BREAST CANCER

- Women believe breast cancer is more prevalent than it actually is.
- Levels of knowledge about breast cancer prevalence, breast cancer detection and treatment, and awareness of high-risk groups has increased since the 1973 American Cancer Society Survey.
- Black and Hispanic women are less informed about breast cancer than are women in the general population.
- Women who are confident in their ability to do BSE learned BSE through personal instruction from a doctor or nurse.
- Women who practice breast self-examination monthly received instruction from a doctor or nurse.
- Women who are confident in their ability to do BSE and to recognize a problem practice BSE more regularly than women who don't.
- Men's responses are related to women's responses toward breast cancer, and women's practice of breast self-examination.
- Women who have a high level of confidence in a doctor's ability to detect, diagnose, and to treat breast cancer practice BSE more frequently than those who don't.
- Women with a higher level of knowledge about breast cancer are more likely to practice BSE and seek prompt medical treatment.
- Black and Hispanic women are less informed about breast cancer, report lower levels of BSE practice, and are less likely to seek prompt treatment than white women.

SOURCES OF RECENT INFORMATION

Recent media coverage of the diagnosis and treatment of breast cancer has been extensive. The wide coverage which followed in the wake of the treatments of Mrs. Ford and Mrs. Rockefeller is thought by many to have changed the public's knowledge and attitudes toward this disease significantly.

More than half the women (55%) in the female probability sample reported having seen or heard something recently about breast cancer (Table C.1). Television provided the major source of media exposure, with one woman in five reporting this as her most recent source for information of this type. The male partners of these women were even more likely to cite TV as their source of information, with as many as 27% doing so.

Word-of-mouth provided the second most important channel of information, with 15% saying they heard something recently from a friend or family member. Magazines and newspapers were not as widely mentioned as sources of information; only about one woman in ten said she obtained information about breast cancer from each one of these sources.

Similar to those in the general population, well over half the women in the supplemental urban samples (57% - 62%) reported having seen or heard something recently on the subject of breast cancer (Table C.2). Television plays a dominant role as a source for this information, with almost one in four among the urban Hispanic women and as many as one in three among the urban black women citing TV as their most recent informational source.

Word-of-mouth, as a channel of information, is particularly prevalent among urban Hispanic women, with as many as one in four reporting to have obtained information in this way.

In addition to reports of an individual's personal experience with breast cancer, respondents reported on topics related to breast self-examination, descriptions of treatments and procedures involved with breast cancer, and media coverage of well-known women who have battled the disease. Close to one woman in five recalled a topic related to breast self-examination, while approximately one in ten remembered some item concerning breast cancer treatments or procedures. Not surprisingly, recall related to breast self-examination was slightly lower among men.

The sources of information on cancer reported by Hispanic women relates predominantly to an individual's personal experience with the disease (mentioned by three in ten). In contrast, no more than one respondent in five in any other sample group mentioned someone's personal experience as their most recent topic of information on the subject of breast cancer.

LEVELS OF KNOWLEDGE ABOUT BREAST CANCER

The general findings of an increase in public awareness of breast cancer and some degree of difference in levels of awareness in different segments of the public tend to confirm two broad expectations concerning the public's level of knowledge about breast cancer. First, it was hypothesized that levels of knowledge about breast cancer among the general public had increased since 1973. Secondly, it was expected that black and Hispanic women would register less knowledge about this disease compared to the general female public during this time period. The survey results presented in this chapter tend to support both hypotheses.

A wide range of questions was asked of women to tap their knowledge about breast cancer. A factor analysis was employed to determine whether the women in the sample tend to be consistently correct or incorrect in their responses to questions about various aspects of breast cancer.

The main purpose of the factor analysis was to identify different areas of knowledge. Questionnaire items found to represent these different areas of knowledge were then scaled by a Likert-type procedure. 1/

On the basis of the factor analysis, three different areas of knowledge emerged:

- knowledge of high-risk cancer groups
- misconceptions about the causes of breast cancer
- knowledge about breast cancer detection and treatment

This chapter focuses on the baseline figures of the individual questionnaire items comprising each of the areas of knowledge for both the national probability sample of women and the supplemental samples of urban black and Hispanic women.

1/ See Appendix III for a description of the procedures used in scaling these knowledge areas.

Prevalence of Breast Cancer

The current study indicates that levels of knowledge regarding the prevalence of breast cancer are more accurate now than they were in 1973. 1/ In the survey conducted for the American Cancer Society in 1973, respondents were asked to estimate the number of women out of every 1,000 who develop breast cancer during their lifetime. At that time, only 8% gave a reasonably accurate answer of about 50. The majority (56%) overestimated the answer at about 100 or more.

In the current study, the question was posed somewhat differently, as respondents were asked to select the number of women who could be expected to get breast cancer at some time during their lives -- the choices were of one woman in five, one in 15, one in 25, one in 50, or one in 100. In contrast to the 1973 findings, one respondent in four among the general population correctly selected the category closest to the right number, currently estimated to be one woman in 11. 2/

The findings indicate the respondents tended to underestimate the prevalence of breast cancer among women, with about half believing the correct number to be between one woman in 25 and one woman in 100. Only a small minority (15%) believed as many as one woman in five might contract the disease (Table C.3).

In 1973, 38% of all women said that half or more of all breast lumps were malignant, while only 24% in the current survey express the same exaggerated belief (Table C.5). A significant proportion of current respondents (61%) answered within the range of one to three lumps in ten. Best estimates currently indicate that two lumps in ten are cancerous; thus, a significant proportion (29%) underestimated the number of breast lumps which turn out to be cancer. There is also a tendency toward underestimation, for both general prevalence of breast cancer as well as number of breast lumps which are malignant.

1/ Although general patterns can be observed, a direct comparison to results obtained in 1973 cannot be made, as the format of questions used for determining levels of knowledge of breast cancer prevalence were quite different in each of the two studies (Table C.30).

2/ At the time the field work for this study was being conducted (fall 1979), the incidence figures for breast cancer given by both the American Cancer Society and the National Cancer Institute were one of 13 or 14. Hence the choice of one in 15 was included in the questionnaire. These incidence figures were adjusted for age (to one in 11) in November, 1979. This dramatic change in figures is a result, generally, of longer lifespans for women and, thus, increased risk to cancer.

As Table C.4 shows, the responses of women in the supplemental urban samples do not differ greatly from those in the general population regarding the general prevalence of breast cancer. Knowledge of number of breast lumps which turn out to be cancer, however, appears to be somewhat lower among these groups, in that 56% of the urban black women and as few as 43% of the urban Hispanic women were able to correctly estimate the prevalence of malignancy within the correct range of one to three lumps in ten.

Interestingly, a large proportion of women in the Hispanic supplemental sample did not provide an estimate as to the incidence of malignancy in breast lumps (Table C.6). Close to three Hispanic women in ten gave a "don't know" response to this question, compared to only 8% - 13% among the other sample groups.

Awareness of High-Risk Cancer Groups

A series of questions was asked to determine levels of knowledge of types of women most likely to develop breast cancer (Table C.7). This was based on the hypothesis that lack of information about risk factors may be an impediment to the practice of breast self-examination and other detection methods, and consequent early detection of breast lumps among women at higher risk.

Of importance in detection and in the prevention of breast cancer deaths is an awareness that women with family histories of breast cancer have increased risk of developing the disease themselves. The data indicate a substantial increase in this awareness among women since 1973. While far fewer than half of the women surveyed in the American Cancer Society study of 1973 were cognizant of this fact (only 41%), the current study reveals that awareness has now reached 67%.

Husbands/partners of women in the general population were less likely to realize that a woman's family history influences her risk of developing breast cancer than were their partners.

Women past the age of 50 have a higher risk of developing breast cancer. One-third (33%) of all national probability sample women understood this important medical fact. However, 27% believed the critical age for women lay somewhere under 50 years, while slightly more than a third (37%) expressed the mistaken idea that age has no impact on the risk of cancer.

Women who have their first child after the age of 30 appear to have a slightly higher risk of breast cancer than do women who have their first child before the age of 30. Somewhat more than half of the national probability respondents did not recognize a relationship between the age at which a woman has her first child and her probability of developing breast cancer.

It has been shown that white women are generally at slighty greater risk to breast cancer than are black women. Nonetheless, nearly three-fourths of the women in the probability sample (72%) and their husbands/partners (72%) believed that a woman's race has no bearing on her propensity for developing the disease. Only 15% of the females and 13% of the males correctly believe that white women are at greater risk.

Despite the lack of definitive scientific evidence, a large proportion of respondents said they believed the use of birth control pills increased a woman's risk of breast cancer. The popularity of this belief has increased from 43% among women surveyed in the study conducted in 1973 to an overwhelming 68% in the current survey.

Fully one-third of the national probability sample of female respondents believed that women who do not breast-feed have a greater risk of developing breast cancer, although no firm scientific evidence exists to support this view. Similarly, belief in this concept was expressed by more than one-fourth of the males.

Throughout this question series, women in the black and Hispanic supplemental urban samples expressed far lower levels of knowledge than did members of the general female population (Table C.8). Minority women in these urban areas have not retained, or have not had adequate exposure to, information related to types of individuals considered to be at high risk of developing breast cancer.

For each question in the series, awareness among urban black and Hispanic women falls well below the levels of awareness expressed by members of the general female population. While more than two-thirds of the general population were aware that women with family histories of breast cancer are at higher risk, this awareness was expressed by barely more than one-fourth of the women in each of the supplemental urban populations.

Likewise, women in the minority samples showed far lower levels of awareness regarding the relationship of age to risk of breast cancer. Fully half of the urban black women and as many as 66% of the urban Hispanic women responded incorrectly that age has no bearing on a woman's propensity to develop breast cancer.

More than half (57%) of the urban black women and as many as 76% of the Hispanic women did not recognize the relationship between the age at which a woman has her first child and her risk to developing breast cancer.

While almost one-third of the national probability respondents said they recognized the increased likelihood of breast cancer in women who have their first child after 30, this recognition dropped to less than a fourth among urban black women and to a low of only 13% among women in the urban Hispanic sample.

The belief that a woman's ethnicity has no bearing on her risk to breast cancer is particularly strong among the urban supplemental populations, ranging as high as 81% to 86%. Interestingly enough, although few respondents said the race of a woman is related to her risk of breast cancer, only those among the urban black sample were likely to suggest that black women are as likely as white women to contract the disease.

As among those in the general population, women in the urban black and urban Hispanic populations stated that use of birth control pills increases a woman's risk to breast cancer (56% to 60%). Similarly, about one-fourth among both black and Hispanic women believed that women who do not breast-feed are at greater risk.

Misconceptions About the Causes of Breast Cancer

Table C.9 demonstrates that many individuals in the general female population surveyed have the mistaken notion that a blow or an injury to the breasts can cause breast cancer. Sixty-two percent of the women surveyed in 1973 expressed this concern, while 50% of the national probability women and 64% of their husbands/partners expressed the same concern in the current study. Virtually no one among national probability females (3%) or their husbands/partners (3%) said they agreed with the statement that breast cancer is contagious; nor did more than one in ten report that breast cancer can be caused by fondling or caressing the breasts.

Misconceptions about causes of breast cancer were particularly prevalent among members of the supplemental minority populations, with more than seven women in ten among urban black and Hispanic women expressing concern that bumping or bruising the breasts can cause breast cancer (Table C.10).

Further, about one woman in ten among the urban black and Hispanic samples said that breast cancer might be contagious, while an additional 9% said they were not sure.

Although fewer than one in ten among the national probability respondents said that breast cancer can be caused by fondling or caressing the breasts, the idea that the disease can be caused in such a manner was expressed by about one woman in three among urban black women, and one in five among urban Hispanic women.

Signs or Symptoms of Breast Cancer

To assess how well informed the public is regarding signs of possible breast cancer, respondents were asked, on an unaided basis, to name what they thought these signs might be. Virtually all national probability respondents -- 95% of the women and 90% of their husbands/partners -- said that a lump in the breast can be a symptom of cancer (Table C.11).

Pain, soreness, or burning in the breast or nipple ranks second to breast lumps in frequency of mention as a possible sign of breast cancer, mentioned by about a third of the women and by one-fourth of the men. Discoloration, swelling, or enlargement of the breast and changes in the breast are each cited by roughly one woman in ten.

Although nearly all national probability respondents recognized that a lump in the breast is a possible sign of cancer, awareness of this is less evident among women in the supplemental minority samples (Table C.12). Mention of breast lumps as a symptom of breast cancer was made by 81% of the urban black women and by 70% of the urban Hispanic women.

Related to this issue, the supplemental samples were less aware that breast cancer is not necessarily accompanied by pain than were females in the national probability sample (Tables C.13 and C.14). Whereas the majority (84%) of the national probability respondents disagreed that a nonpainful lump is nonmalignant, fewer women among the supplemental samples (58% to 60%) were aware that the statement is untrue. Moreover, smaller proportions were likely to voice strong disagreement with the statement, while close to one in five was not sure what the correct response should be.

Awareness of Diagnostic Procedures

Realization that a lump in the breast is possibly symptomatic of cancer is the first step in early detection and treatment of the disease. Once a lump is discovered, diagnostic procedures must be implemented to determine whether or not the lump is malignant.

When asked what a doctor does to determine if a lump is cancer, many women in the general population (68%) mentioned biopsy (Table C.15). "X-ray" was mentioned by one in five; 12% cited "mammogram" by name. The husbands/partners appeared somewhat less informed regarding specific procedures; only 57% mentioned biopsy and 5% cited mammogram.

Consistent with findings throughout the study, levels of knowledge among respondents in the supplemental minority samples were generally lower than for respondents in the general public (Table C.16). These urban black and urban Hispanic women were far less likely to express awareness of any specific tests a doctor might perform (such as biopsy or mammogram) and were more likely to make the general suggestion that an "X-ray" or "test" be run. A significant proportion (close to one in five) were unable to suggest any procedures which would be performed.

Awareness of Mammography

As a procedure commonly used in the detection of breast cancer, and one which has received both positive and negative coverage in the popular press, a measurement of the public's awareness and opinions of mammography yields interesting results. When directly questioned as to whether they had ever heard of mammography, well over half (61%) of the national probability sample of women claimed recognition of the term (Table C.17). Awareness among the husbands/partners of these women was somewhat lower; only 45% said they had heard of mammography.

Although most respondents who had heard of mammography were able to correctly define it as a test for breast cancer, a breast X-ray, or a type of X-ray, about one in ten was unable to provide any definition for the procedure.

Relatively few among the national probability respondents showed knowledge of any negative publicity related to mammography. Possible danger of radiation (10%) and problems associated with excessive use of the procedure (8%) were the most cited responses reflective of negative attitudes. These, however, were commented on by no more than one respondent in ten.

Evidence of exposure to positive aspects of mammography were revealed by comments related to the usefulness of the procedure in detecting cancer at an early stage (cited by 21% of all females in the national probability sample), its newness as a useful diagnostic tool (10%), and its advantages over a manual examination (6%).

Of all women surveyed in the national probability sample, roughly one in five claimed actually to have had an X-ray examination of her breasts.

Again, levels of knowledge were lower among the supplemental samples, with only one in three among the urban black women and one in four among the urban Hispanic women acknowledging awareness of mammography (Table C.18). Among these women, a notable proportion was unable to explain what mammography actually is. As among women in the general population, roughly one in five of these urban minority women claimed to have had an X-ray examination of her breasts.

Awareness of Treatments for Breast Cancer

Awareness of procedures used in treatment of breast cancer provides a measurement of the extent to which medical progress is communicated to and assimilated by the public. Table C.19 shows that the large majority of respondents in the national probability sample -- 74% of the women and 66% of their husbands/partners -- cited breast removal or surgery as a treatment for breast cancer. Fifteen percent made specific mention of mastectomy. About three in ten suggested chemotherapy or radiation/X-ray/cobalt treatment as possible forms of treatment.

In Table C.20 one can see that while the pattern of response among the urban black and urban Hispanic women was reflective of that of the general female population, awareness levels of any particular form of treatment were noticeably lower.

Awareness of Mastectomy

Almost nine women in ten (87%) among the national probability sample said they have heard of mastectomy (Table C.21). Recognition of this term was somewhat lower among husbands/partners of these women (76%). Most respondents who had heard of mastectomy were able to correctly define it as removal of the breast or as an operation for breast cancer, but roughly one in ten was unable to provide a meaningful definition of the procedure.

Only six urban black women in ten were aware of the term "mastectomy," and the level of awareness drops to a striking low among the urban sample of Hispanic women (to only 39%) (Table C.22). Additionally, consideration must be given to the proportion of women who were unable to correctly define the term when estimating levels of awareness among these groups.

Factors Determining Type of Surgical Procedure

The decision as to what type of treatment a woman with breast cancer decides to have may be influenced by her attitudes toward and understanding of the surgical procedures and their outcomes. To probe for knowledge of surgical treatments, respondents were asked if they were aware of more than one kind of operation for breast cancer. At least half the probability sample of females and their husbands/partners answered positively (Table C.23).

Three types of operations were then described by the interviewer, ranging from removal of lump (lumpectomy), removal of whole breast (simple mastectomy), to removal of breast and chest muscles (radical mastectomy). Opinions were then obtained as to factors believed by respondents to govern the extensiveness of the surgery.

Overwhelmingly, the single largest factor believed by respondents to govern the extent of surgery is the degree to which the cancer has spread, cited by three respondents in four among the national probability sample (Table C.25). Early detection of the cancer and the size of the lump were each mentioned by approximately one respondent in ten to contribute to the extent of the breast cancer surgery. Roughly the same number believed the procedure employed is determined entirely by the personal preference of the attending physician.

Black women in the supplemental urban population, as well as Hispanic women, were less aware than were women in the general population that there is more than one type of operation employed in breast cancer surgery (Table C.24). Additionally, these minority women were less likely to realize that the spread of cancer may be a prime consideration in determining the extent of the surgical procedure (Table C.26). In fact, a large proportion of these women (about one-fourth) were unable to express any contributing factors believed to influence the extent of surgery.

Procedures for Restoring Normal Appearance

When asked what a woman might do to restore her normal appearance after she has had a breast removed, just over half the national probability females (59%) and their husbands/partners (50%) said she might wear a prosthetic device or artificial breast (Table C.27). Special bras/undergarments were mentioned by somewhat less than half the sample, while breast reconstructive surgery was cited by close to one-fourth. No more than one in ten stated that exercise or physical therapy can help a women restore her normal appearance.

Although breast reconstructive surgery was cited by close to one-fourth of the national probability respondents, specific mention of this type of restorative surgery fell to one-sixth of urban black and urban Hispanic supplemental women (Table C.28).

DEMOGRAPHIC TRENDS IN KNOWLEDGE ABOUT BREAST CANCER

Geographic Region and Population Density

The data indicate that women living in the Western states tend to be better informed about breast cancer than are women in other regions of the country. Women living in the West were more likely than the national probability sample of women in total to:

- correctly assess the frequency with which breast lumps are found to be malignant (71% vs. 61%)
- be aware that women who have their first child after the age of 30 are more likely to develop breast cancer (38% vs. 30%)
- recognize that bumping or bruising the breasts does not contribute to breast cancer (53% vs. 42%)
- identify biopsy as a way in which doctors can determine whether a lump is cancerous (79% vs. 68%)
- have heard of mammography (72% vs. 61%)
- recognize that there are several different kinds of operations for breast cancer (64% vs. 55%)

On some of these questions, women in the South appear to be less well informed than women in general, although this pattern does not emerge as clearly as the pattern for Westerners.

Among the national probability women, those who live outside of metropolitan areas were less likely to have heard of mammography. Aside from that, however, their knowledge about breast cancer-related issues was not significantly different from that of women who live in more densely populated areas.

Education

As might be expected, knowledge about breast cancer tends to increase as educational level rises. Table C.29 shows some of the most dramatic differences in knowledge about breast cancer due to formal education.

Income

National probability women in the upper-income bracket ($25,000 and over) appear to be more likely than those with lower household income to properly assess the frequency with which breast lumps are found to be malignant. Women with household incomes of less than $7,500 were more inclined to overestimate the incidence of malignancy than women with higher household incomes.

Women with household incomes of $15,000 or more were also more likely than those with lower incomes to recognize that women whose mothers or sisters have had breast cancer are particularly prone to the disease. Those with higher incomes were also more cognizant of the connection between a woman's age and her chances of developing breast cancer.

Two-thirds of women whose family incomes are under $7,500 a year believed that bumping or bruising the breasts can cause breast cancer. Among those in higher-income brackets, this belief was held by between four and five women in ten.

Women of all income levels appear to be knowledgeable that breast lumps do not need to be painful to be cancerous. However, recognition that discharge from the nipple can be a sign of cancer is much more common among women in upper-income brackets than low-income women.

Specific mentions of "biopsy" and "mammogram" as ways in which doctors determine whether a breast lump is cancer tend to increase as income level rises. Less wealthy women were more likely to cite "X-ray" procedures.

More than twice as many women in the $25,000-and-over income category (82%) reported hearing about a mammogram as did women in the $7,500-and-under category (39%).

Although a majority (87%) of all women reported hearing about a mastectomy, familiarity is considerably higher among women with household incomes over $15,000 than among those with lower incomes. Women with incomes of $15,000 or more were, in addition, more than twice as likely as those with incomes under $7,500 to be aware that there are several different types of mastectomy.

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Race

Women who comprise the black portion of the female probability sample were less likely than were white women to report having seen or heard something recently on the subject of breast cancer (45%, compared to 56% among white women).

Black women among the general population estimated the prevalence of breast cancer with less accuracy than did white women (17%, compared to 27% among whites) and were more likely to underestimate. This pattern must be viewed carefully, however, because of sampling variation in comparisons of samples of these sizes.

The black segment of the national sample of women consistently showed lower levels of knowledge than did white women regarding types of women who are prone to breast cancer. These black women were more likely than were white women to believe incorrectly that there are no high-risk factors. While close to one-third of the white women among the national probability respondents understood that there is increased risk among women who have their first child after 30, this recognition decreased to only 18% among the black women in the national population. Black women also expressed the mistaken belief that age has no effect on the risk of cancer (55%, compared to only 35% among white women). Black women in the national sample were less likely to realize that a woman's family history influences her risk to breast cancer. More than one-third of these respondents assumed that a family history of breast cancer was unimportant, compared to only one-fourth among white women who did so.

Black women in the national probability sample were less likely than were white women to express the mistaken belief that the use of birth control pills increases a woman's risk of breast cancer (53%, compared to 70%).

Although black women among the national sample agreed that breast cancer is not contagious, they were somewhat more likely than were white women to be of the opinion that bumping/bruising or fondling/caressing the breasts can cause breast cancer. An even greater measure of the magnitude by which these misconceptions were held by black women is shown by the diminished proportion who expressed active disagreement with the statements. Of these black women, only 26% disagreed with the notion that bumping/ bruising can cause breast cancer (compared to 44% among white women); 66% disagreed with the concept that fondling/caressing can cause breast cancer (compared to 86% of the white segment of the population).

White women were far more likely than were black women to express awareness that the statement, "if a breast lump is not painful, it probably is not cancer," is untrue (87%, compared to only 64% among blacks). Moreover, while white women were likely to voice strong disagreement with the statement, far fewer black women did so, indicating less assuredness about their response.

Discoloration, swelling, or enlargement of the breast and changes in the breast or nipple were each cited by roughly one woman in ten, although responses in these areas were made with somewhat less frequency by black women in the general population.

White women in the national probability sample expressed far greater awareness of specific procedures -- biopsy in particular -- than did black women (72% of the whites mention "biopsy," compared to only 38% among blacks). Although many of these black women were aware that X-rays are performed, only 3% specifically referred to a mammogram.

Black women were far less likely than were white women to make specific mention of chemotherapy as a treatment for breast cancer (only 14%, compared to 31% among white women).

Table C.1

Sources and Subjects of Recent Information

Have you recently seen or heard anything about breast cancer? (Q. 9a)

Where did you see or hear something most recently? (Q. 9b)

Tell me about it, please. (Q. 9c)

	National Probability Sample	
	Total Females	Male Spouse/Partner
Base:	(1580)	(720)
Has seen/heard about breast cancer recently	55%	51%
SOURCE: 1/		
TV	21%	27%
Family/friends	15	14
Magazine	12	8
Newspaper	8	10
Health clinic/hospital	5	1
Physicians/doctors	4	1
SUBJECT: 1/		
Experience of person who had: show on TV re woman who had: friend who had a lump	19%	14%
Breast self-examination: be aware of how to check self: more woman discover lumps than doctors do	19	13
Showed/described the different treatments/procedures involved	12	11
Prominent people who've had breast cancer: Mrs. Rockefeller: former President's wife--Mrs. Ford	8	10
Hopeful outcome: treatment can take care of some cases: not a dreadful thing, cures have been found	6	6

1/ Asked only of those who have seen or heard about breast cancer recently.

Table C.2

Sources and Subjects of Recent Information

Have you recently seen or heard anything about breast cancer? (Q. 9a)

Where did you see or hear something most recently? (Q. 9b)

Tell me about it, please. (Q. 9c)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base:	(253)	(419)
Has seen/heard about breast cancer recently	62%	57%
SOURCE: 1/		
TV	36%	23%
Family/friends	14	25
Magazine	7	7
Newspaper	6	5
Health clinic/hopspital	5	7
Physicians/doctors	4	4
SUBJECT: 1/		
Experience of person who had: show on TV re woman who had: friend who had a lump	18%	30%
Breast self-examination: be aware of how to check self: more women discover lumps than doctors do	21	16
Showed/described the different treatments/procedures involved	12	7
Prominent people who've had breast cancer: Mrs. Rockefeller: former President's wife--Mrs. Ford	10	10
Hopeful outcome: treatment can take care of some cases: not a dreadful thing, cures have been found	4	9

1/ Asked only of those who have seen or heard about breast cancer recently.

Table C.3

Estimates of Prevalence of Breast Cancer

Which of these is closest to the number of women you think will get breast cancer at some time during their lives?

	(Q. 8)	
	National Probability Sample	
	Total Females	Male Spouse/Partner
Base:	(1580)	(720)
One women out of every 5	15%	13%
1 out of 15 (1 in 11 is correct response) 1/	26	23
1 out of 25	22	24
1 out of 50	19	20
1 out of 100	11	14
Don't know	7	6

1/ See explanation on p.52 for using this figure compared to previous figures on incidence.

Table C.4

Estimates of Prevalence of Breast Cancer

Which of these is closest to the number of women you think will get breast cancer at some time during their lives?

(Q. 8)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base:	(253)	(419)
One women out of every 5	14%	16%
1 in 15 (1 in 11 is correct response) 1/	19	23
1 in 25	24	18
1 in 50	17	17
1 in 100	15	11
Don't know	11	15

1/ See explanation on p.52 for using this figure compared to previous figures on incidence.

Table C.5

Estimates of Number of Breast Lumps Which Are Cancer

Lumps in the breast are one possible symptom of breast cancer. Out of every ten breast lumps which occur, how many do you think turn out to be cancer?

(Q. 14)

		National Probability Sample			
		Total Females		Male Spouse/Partner	
Base:			(1580)		(720)
1 in 10	Correct response range	61%	29%	64%	28%
2 in 10			19		20
3 in 10			13		16
4 in 10			7		3
5 in 10			19		19
6 or more			5		6
Don't know/none			8		8

Table C.6

Estimates of Number of Breast Lumps Which Are Cancer

Lumps in the breast are one possible symptom of breast cancer. Out of every ten breast lumps which occur, how many do you think turn out to be cancer?

(Q. 14)

			Supplemental Samples		
			Urban Black Females		Urban Hispanic Females
Base:			(253)		(419)
1 in 10	Correct response range	56%	28%	43%	16%
2 in 10			16		17
3 in 10			12		10
4 in 10			8		5
5 in 10			16		15
6 or more			7		8
Don't know			13		29

Table C.7

Women Most Likely to Get Breast Cancer

Next I'd like to talk to you about who you think is most likely to get breast cancer. I will read you a list of choices. Please tell me who you think are more likely to get breast cancer.

a. ...white women or black women, or is there no difference? (Q. 11a)

b. ...women over age 50 or women under age 50, or is there no difference? (Q. 11b)

c. Remember, you are telling me who you think are more likely to get breast cancer. ...women who take birth control pills or women who don't take birth control pills, or is there no difference? (Q. 11c)

d. ...women who have their first child before age 30, women who have their first child after age 30, or is there no difference? (Q. 11d)

e. ...women who breast-feed their children, or women who do not breast-feed their children, or is there no difference? (Q. 11e)

f. ...women whose mothers or sisters have had breast cancer, or women whose mothers and sisters have not had breast cancer, or is there no difference? (Q. 11f)

	National Probability Sample	
	Total Females	Male Spouse/Partner
Base:	(1580)	(720)
White women	15%	13%
Black women	6	6
No difference	72	72
Women over 50	33%	34%
Women under 50	27	31
No difference	37	30
Women who take birth control pills	68%	63%
Women who do not take birth control pills	2	2
No difference	22	24

Table C.7
(continued)

	National Probability Sample	
	Total Females	Male Spouse/Partner
First child before age 30	5%	6%
First child after age 30	30	32
No difference	54	51

Women who breast-feed	5%	7%
Women who do not breast-feed	32	26
No difference	55	56

Mothers/sisters have had breast cancer	67%	59%
Mothers/sisters have not had breast cancer	2	1
No difference	27	35

Table C.8

Women Most Likely to Get Breast Cancer

Next I'd like to talk to you about who you think is most likely to get breast cancer. I will read you a list of choices. Please tell me who you think are more likely to get breast cancer.

a. ...white women or black women, or is there no difference? (Q. 11a)

b. ...women over age 50 or women under age 50, or is there no difference? (Q. 11b)

c. Remember, you are telling me who you think are more likely to get breast cancer. ...women who take birth control pills or women who don't take birth control pills, or is there no difference? (Q. 11c)

d. ...women who have their first child before age 30, women who have their first child after age 30, or is there no difference? (Q. 11d)

e. ...women who breast-feed their children, or women who do not breast-feed their children, or is there no difference? (Q. 11e)

f. ...women whose mothers or sisters have had breast cancer, or women whose mothers and sisters have not had breast cancer, or is there no difference? (Q. 11f)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base:	(253)	(419)
White women	6%	8%
Black women	8	1
No difference	81	86
Women over 50	17%	16%
Women under 50	26	16
No difference	52	66
Women who take birth control pills	56%	60%
Women who do not take birth control pills	2	2
No difference	33	33
First child before age 30	10%	5%
First child after age 30	23	13
No difference	57	76

Table C.8
(continued)

	Supplemental Sample	
	Urban Black Females	Urban Hispanic Females
Women who breast-feed	14%	9%
Women who do not breast-feed	23	23
No difference	54	62

Mothers/sisters have had breast cancer	26%	29%
Mothers/sisters have not had breast cancer	3	1
No difference	59	66

Table C.9

Misconceptions About Causes of Breast Cancer

Next, I'm going to read you some statements. Please tell me if you agree or disagree with the statement.

Bumping or bruising the breasts can cause breast cancer. (Q. 12a)

Breast cancer is contagious. (Q. 12b)

Fondling or caressing the breasts can cause breast cancer. (Q. 12c)

	National Probability Sample	
	Total Females	Male Spouse/Partner
Base:	(1580)	(720)
Bumping/bruising can cause breast cancer		
Agree	50%	64%
Disagree	42	30
Don't know	8	6
Breast cancer is contagious		
Agree	3%	3%
Disagree	94	94
Don't know	3	3
Fondling/caressing can cause breast cancer		
Agree	7%	12%
Disagree	84	80
Don't know	9	8

Table C.10

Misconceptions About Causes of Breast Cancer

Next, I'm going to read you some statements. Please tell me if you agree or disagee with the statement.

Bumping or bruising the breasts can cause breast cancer. (Q. 12a)

Breast cancer is contagious. (Q. 12b)

Fondling or caressing the breasts can cause breast cancer. (Q. 12c)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base:	(253)	(419)
Bumping/bruising can cause breast cancer		
Agree	72%	76%
Disagree	21	17
Don't know	7	7
Breast cancer is contagious		
Agree	10%	11%
Disagree	81	80
Don't know	9	9
Fondling/caressing can cause breast cancer		
Agree	32%	20%
Disagree	51	62
Don't know	17	18

Table C.11

Signs or Symptoms of Breast Cancer

What do you think are the signs or symptoms of breast cancer? 1/ (Q. 13)

	National Probability Sample	
	Total Females	Male Spouse/Partner
Base:	(1580)	(720)
Lumps in breast	95%	90%
Pain/soreness/burning	35	25
Discharge from nipple	22	8
Swelling/enlargement	11	10
Changes in breast/nipple	11	3
Discoloration in breast	9	7

1/ Multiple responses were accepted.

Table C.12

Signs or Symptoms of Breast Cancer

What do you think are the signs or symptoms of breast cancer? 1/
(Q. 13)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base:	(253)	(419)
Lumps in breast	81%	70%
Pain/soreness/burning	36	39
Discharge from nipple	12	11
Swelling/enlargement	13	11
Changes in breast/nipple	5	10
Discoloration in breast	4	5

1/ Multiple responses were accepted.

Table C.13

If Breast Lump Is Not Painful, It Is Not Cancer

Next, I'm going to read you a list of statements. For each one, please tell me if you agree strongly, agree somewhat, disagree somewhat, or disagree strongly -- if a breast lump is not painful, it probably is not cancer.

(Q. 42c)

	National Probability Sample			
		Total Females		Male Spouse/Partner
Base:		(1580)		(720)
Agree strongly		3%		2%
Agree somewhat		5		5
Disagree somewhat	84%	22	81%	24
Disagree strongly		62		57
Don't know		8		12

Table C.14

If Beast Lump Is Not Painful, It Is Not Cancer

Next, I'm going to read you a list of statements. For each one, please tell me if you agree strongly, agree somewhat, disagree somewhat, or disagree strongly -- if a breast lump is not painful, it probably is not cancer.

(Q. 42c)

	Supplemental Samples			
		Urban Black Females		Urban Hispanic Females
Base:		(253)		(419)
Agree strongly		8%		15%
Agree somewhat		13		11
Disagree somewhat	60%	26	58%	24
Disagree strongly		34		34
Don't know		19		16

Table C.15

Procedures Performed to Find Out If a Lump Is Cancer

If a woman has a lump in her breast, what does a doctor do to find out if it is cancer? 1/

(Q. 17)

	National Probability Sample	
	Total Females	Male Spouse/Partner
Base:	(1580)	(720)
Biopsy	68%	57%
X-rays	20	22
Mammogram	12	5
Run tests (general)	11	16
Drain fluid	5	2
Other	7	8
Don't know	7	14

1/ Multiple responses were accepted.

Table C.16

Procedures Performed to Find Out If a Lump Is Cancer

If a woman has a lump in her breast, what does a doctor do to find out if it is cancer? 1/

(Q. 17)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base:	(253)	(419)
Biopsy	35%	27%
X-rays	35	33
Mammogram	5	5
Run tests (general)	25	32
Drain fluid	4	3
Other	4	7
Don't know	17	18

1/ Multiple responses were accepted.

Table C.17

Awareness of and Experience With Mammography

Have you ever heard of a mammogram or mammography?

(Q. 18a)

Can you tell me what mammography is, please? 1/

(Q. 18b)

Can you tell be what you've heard about mammography 1/

(Q. 18c)

(Actually) (As you say), a mammogram is an X-ray examination of the breasts. Have you ever had a mammogram?

(Q. 18d)

	National Probability Sample	
	Total Females	Male Spouse/Partner
Base:	(1580)	(720)
Percent who have heard of mammography	61%	45%
DEFINITION: 2/		
Test for breast cancer	10%	8%
Breast X-ray	20	12
Type of X-ray	17	9
Other	9	9
Don't know	11	10
OPINIONS: 2/		
Test for cancer	21%	15%
Better than manual exam	6	5
Useful diagnostic tool	10	6
Should not be used too often	8	3
Too much radiation	10	4
Nothing/don't know	20	18
Percent who say they have had an X-ray examination of their breasts 3/	19%	--

---

1/ Multiple responses were accepted.

2/ Asked only of those who have heard of mammography.

3/ Asked of all female respondents.

Table C.18

Awareness of and Experience With Mammography

Have you ever heard of a mammogram or mammography? (Q. 18a)

Can you tell me what mammography is, please? 1/ (Q. 18b)

Can you tell me what you've heard about mammography? 1/ (Q. 18c)

(Actually) (As you say), a mammogram is an X-ray examination of the breasts. Have you ever had a mammogram? (Q. 18d)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base:	(253)	(419)
Percent who have heard of mammography	33%	25%
DEFINITION: 2/		
Test for breast cancer	10%	5%
Breast X-ray	8	10
Type of X-ray	2	1
Other	4	2
Don't know	10	6
OPINIONS: 2/		
Test for cancer	12%	9%
Better than manual exam	4	5
Useful diagnostic tool	2	2
Should not be used too often	*	*
Too much radiation	*	3
Nothing/don't know	15	9
Percent who say they have had an X-ray examination of their breasts 3/	23%	15%

1/ Multiple responses were accepted.

2/ Asked only of those who have heard of mammography.

3/ Asked of all female respondents.

Table C.19

Treatments for Breast Cancer

After a doctor finds out that a woman actually has breast cancer, what do you think is done to treat the disease? 1/

(Q. 19)

	National Probability Sample	
	Total Females	Male Spouse/Partner
Base:	(1580)	(720)
Surgery, breast removed	74%	66%
Mastectomy	15	14
Chemotherapy	29	29
Radiation/X-ray/cobalt	30	31
Other	3	3
Don't know	6	9

1/ Multiple responses were accepted.

Table C.20

Treatments for Breast Cancer

After a doctor finds out that a woman actually has breast cancer, what do you think is done to treat the disease? 1/

(Q. 19)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base:	(253)	(419)
Surgery, breast removed	57%	63%
Mastectomy	9	5
Chemotherapy	19	20
Radiation/X-ray/cobalt	21	16
Other	5	4
Don't know	15	19

1/ Multiple responses were accepted.

Table C.21

Awareness of Mastectomy

Have you ever heard of mastectomy?
(Q. 20a)

Can you please tell me what a mastectomy is? 1/
(Q. 20b)

	National Probability Sample	
	Total Females	Male Spouse/Partner
Base:	(1580)	(720)
Percent who have heard of mastectomy	87%	76%
DEFINITION: 2/		
Removal of breast	74%	63%
Operation for breast cancer	6	6
Other	2	2
Don't know	7	8

1/ Multiple responses were accepted.

2/ Asked only of those who have heard of mastectomy.

Table C.22

Awareness of Mastectomy

Have you ever heard of mastectomy?

(Q. 20a)

Can you please tell me what a mastectomy is? 1/

(Q. 20b)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base:	(253)	(419)
Percent who have heard of mastectomy	60%	39%
DEFINITION: 2/		
Removal of breast	40%	25%
Operation for breast cancer	9	7
Other	2	1
Don't know	11	7

1/ Multiple responses were accepted.

2/ Asked only of those who have heard of mastectomy.

Table C.23

Is There More Than One Kind of Operation for Breast Cancer

(Actually) (As you say), mastectomy is an operation for breast cancer. So far as you know, is there more than one kind of operation for breast cancer?

(Q. 21a)

	National Probability Sample	
	Total Females	Male Spouse/Partner
Base:	(1580)	(720)
Yes	55%	51%
No	22	22
Don't know	23	27

Table C.24

Is There More Than One Kind of Operation for Breast Cancer

(Actually) (As you say), mastectomy is an operation for breast cancer. So far as you know, is there more than one kind of operation for breast cancer?

(Q. 21a)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base:	(253)	(419)
Yes	36%	37%
No	34	22
Don't know	30	41

Table C.25

Factors Determining Extent of Operation

(Actually) (As you say), there are several operations, ranging from removal of lump, or removal of whole breast, to removal of breast and chest muscles. So far as you know, what determines how much will be removed in an operation for breast cancer? 1/

(Q. 21b)

	National Probability Sample	
	Total Females	Male Spouse/Partner
Base:	(1580)	(720)
Spread of cancer	77%	75%
Doctor's preference (opinion)	13	12
Size of lump	11	9
How early detected	7	6
How long lump is present	4	4
Woman's preference	2	2
Other	4	7
Don't know	9	12

1/ Multiple responses were accepted.

Table C.26

Factors Determining Extent of Operation

(Actually)(As you say), there are several operations, ranging from removal of lump, or removal of whole breast, to removal of breast and chest muscles. So far as you know, what determines how much will be removed in an operation for breast cancer? 1/

(Q. 21b)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base:	(253)	(419)
Spread of cancer	60%	59%
Doctor's preference (opinion)	7	5
Size of lump	10	11
How early detected	11	8
How long lump is present	2	2
Woman's preference	1	*
Other	4	2
Don't know	23	26

1/ Multiple responses were accepted.

Table C.27

Procedures for Restoring Normal Appearance

After a woman has had her breast removed what can she do, if anything, to restore her normal appearance? 1/

(Q. 49)

National Probability Sample

	Total Females	Male Spouse/Partner
Base:	(1580)	(720)
Breast reconstruction	23%	22%
Prosthesis/artificial breast	59	50
Special bra/undergarment	48	43
Physical therapy	11	6
Nothing	2	3
Other	10	9
Don't know	*	3

1/ Multiple responses were accepted.

Table C.28

Procedure for Restoring Normal Appearance

After a woman has had her breast removed what can she do, if anything, to restore her normal appearance? 1/

(Q. 49)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base:	(253)	(419)
Breast reconstruction	17%	16%
Prosthesis/artificial breast	51	53
Special bra/undergarment	43	32
Physical therapy	6	4
Nothing	4	7
Other	5	8
Don't know	3	3

1/ Multiple responses were accepted.

Table C.29

Levels of Knowledge About Breast Cancer by Respondent Education

Have you ever heard of a mammogram or mammography?

(Q. 18a)

(Actually) (As you say), mastectomy is an operation for breast cancer. So far as you know, is there more than one kind of operation for breast cancer?

(Q. 21a)

Please tell me if you agree or disagree with the statement -- bumping or bruising the breasts can cause breast cancer.

(Q. 12a)

	High School Incomplete	High School Complete	Some College or More
Total National Probability Females	(388)	(598)	(593)
Have heard of mammography	33%	56%	81%
There is more than one kind of operation for breast cancer	25%	51%	74%
Bumping/bruising the breasts can cause breast cancer	73%	49%	37%

Table C.30

Estimates of Prevalence of Breast Cancer

If you had to guess, out of every 1,000 women, how many would you say develop breast cancer sometime during their lives?

	1973 Survey Conducted for the American Cancer Society
	Total Females
Base:	(1,007)
Number of women per 1,000 who develop breast cancer	
Less than 25%	20%
About 50	8
About 100	15
150 or more	41

D. ATTITUDES TOWARD BREAST CANCER

HYPOTHESES RELATING TO ATTITUDES TOWARD BREAST CANCER

- Women fear breast cancer more than any other disease.
- Black and Hispanic women are more concerned about changes breast cancer will have on their lives than white women.
- Men's responses are related to women's responses toward breast cancer, and women's practice of breast self-examination.
- Women who feel personal responsibility for their own well-being and take an active role in their health care are more likely to practice BSE than those who don't.
- Women who have positive attitudes toward breast cancer are more likely to practice BSE and seek prompt medical treatment for breast-related problems.
- Women who have a high level of confidence in a doctor's ability to detect, diagnose, and to treat breast cancer practice BSE more frequently than those who don't.

ATTITUDES ON THE IMPACT OF BREAST CANCER

It was expected that more women are personally concerned about the seriousness of breast cancer to their own health today than they were in 1973. [1] Further, it was thought that women currently regard breast cancer more as a health problem and less as an emotionally and socially crippling disease. It was hypothesized that positive attitudes toward breast cancer would be associated with greater knowledge about the prevalence, detection, and treatment of it. Minority group women were expected to express less positive attitudes toward breast cancer.

As has been previously shown, there appears to be widespread belief among women that breast cancer is one of the most serious health problems they face. As might be expected, women said they were worried about the possibility of getting breast cancer and about the effect this would have on their lives. In general, however, women seem to focus primarily on the serious consequences of breast cancer as a health problem, rather than as an emotional or social problem.

It appears that urban black women and, especially, urban Hispanic women are less likely to take this view. An important finding is that urban Hispanic women, in particular, expressed high levels of concern about the effects of breast cancer and the great impact that breast cancer would have on their personal and social lives.

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[1] Data obtained from the 1973 American Cancer Society report.

Perceived Effects of Breast Cancer on Life Activities

As it is reasonable that women might expect breast removal to have an impact on their lives, a series of questions was asked to determine perceived levels of concern in two major areas: effect of breast loss on life activities and perceived effects of breast cancer and its treatment.

When asked to estimate the impact breast removal would have on various aspects of a woman's life one year later, women concluded that strenuous housework, participation in strenuous sports, social relations with men, and sexual relationships with men are those areas that would be most affected by loss of a breast (Table D.1). While generally two-thirds (between 63% and 77%) of the women in the national probability sample believed that some changes would be likely to occur in these areas, fewer than one in five (between 16% and 18%) said their lives would change a great deal. Virtually no one said that breast removal would change their jobs or general social activities a great deal. The opinions of men were in close agreement with those of their wives/partners.

Perceived changes in life activities occurred with greater intensity among members of the minority supplemental samples, particularly among the urban Hispanic women (Table D.2).

Interestingly, while about three in ten of the urban black women were concerned that strenuous activities, such as housework and sports, would undergo substantial change, only two in ten expressed concern that loss of a breast would greatly alter their sexual or social relations with men.

Of all sample groups surveyed, urban Hispanic women expressed the highest levels of concern regarding changes they believed would take place in their lives as a result of loss of a breast. These women believed that simple social activities, such as going to a movie or a meeting, would change a great deal as a result of breast removal (mentioned by 18%). Particularly accentuated is the concern about sexual relations and even social relations with men, in that fully one-third expressed concern that their activities in these areas would change a great deal.

Perceived Effects of Breast Cancer and Its Treatments

When confronted with the prospect of breast cancer, the primary concern of women in the national probability sample was the complete and total elimination of all traces of the cancer (Table D.3). When asked to imagine, hypothetically, that they themselves must undergo surgery for breast cancer, fully half the women expressed extreme concern that the surgery might not remove all the cancer (52%) or that the cancer might return (45%). Thus, recurrence of breast cancer appears to be the element of most concern to women, if they were to have breast cancer. Indeed, recurrence of cancer appears to be more anxiety-provoking than the anticipation that death might occur as a result of the disease (mentioned by only 37%).

Somewhat surprisingly, high costs of medical treatment were viewed with higher levels of concern by women than were any particular non-life threatening physical effects of the disease. About two in five (38%) voiced extreme concern regarding the cost of treatment, while just under a third (29% - 31%) expressed extreme concern about skin damage from radiation, side effects of drug treatments, or pain in general. About the same proportion were worried about problems that might confront their families, while one in five said she was extremely concerned that she might not be able to work any more.

Of lesser concern to women was the possibility of looking unattractive (12%), while only 5% said they were extremely concerned that their friends might avoid them. In this connection, it is interesting to examine the responses of the women's male partners. When asked to imagine, hypothetically, that their wives/partners must have a breast removed, the concerns expressed by husbands/partners took a different direction. They reported extreme concern about the survival, safety, and well-being of their wives/partners -- all other concerns were minimized in comparison to this. The greatest concern expressed by men was that regarding the possible death of their wives/partners, mentioned by almost seven in ten (67%), while half expressed concern for the pain their wives/partners might have to endure.

Men appear to be less concerned than their wives/partners about possible effects of radiation or drug treatments, the economic impact of medical costs, the woman's ability to continue at her job, or potential problems involving the family.

Women in the supplemental samples reported particularly high levels of concern (Table D.4). Hispanic women, in particular, reported concern about the perceived effects of breast cancer and its treatments. Although direct comparisons between the supplemental and national probability samples cannot be made, it may be noted that striking contrasts are immediately apparent.

In their reactions to aspects of this emotion-laden situation, urban black women expressed 5% - 10% higher levels of extreme concern than did members of the general female population. Urban Hispanic women evidenced 20% - 25% greater levels of extreme concern about the effects of breast cancer for each issue explored.

Particularly observable among members of both minority group samples are high levels of extreme concern regarding the potential for pain and the possibility of death associated with the disease.

Men's Attitudes Toward Breast Removal

In order to measure the men's perceptions of breast removal, two questions were posed to them. They were first asked to imagine how feelings of physical attraction of a single man might change if a woman he was going out with had to have a breast removed. He was then asked which situation he would find more difficult -- if his wife/partner had to have a hysterectomy or if she had to have a breast removed.

Although few men admitted that they would find a woman much less attractive as a result of a woman's breast loss -- only 5% said they would find a woman much less attractive -- it is apparent that the situation would be quite difficult for them (Table D.5). Compared to a hysterectomy, three times as many men (59% compared to only 18%) said that breast removal was more difficult to deal with than a hysterectomy (Table D.6).

Were they to be faced with the situation, however, the men said their feelings would be compassion and support for their wives/partners, and that their love for their wives/partners would be no different after than before the operation for breast removal (Table D.7).

Feelings About Breast Reconstruction

Slightly more than half (53%) of the women in the national probability sample indicated that they probably or definitely would not want to have breast reconstruction if they had a breast removed. Nearly four in ten, however, said they probably or definitely would want the reconstruction (Table D.8). Although about half of those who said they definitely or probably would have breast reconstruction said it would be for appearance, as many said breast reconstruction would help them psychologically -- that it would allow them to feel better in general, more confident and comfortable (Table D.10). Men agreed to an even greater extent that it would be important psychologically to their wives/partners to have their normal appearances restored to them.

Of those who were not interested in breast reconstruction, about one-third expressed unwillingness to go through another operation (Table D.11). About a fourth said the procedure would be unnecessary; an equal number believed their age precluded the necessity for such an extreme measure. About one in five said that additional surgery might cause more problems -- that a flare-up of cancer might even occur. Some (17%) mentioned cost as part of this consideration.

The data show that feelings about the desire to have breast reconstruction are directly related to women's perceptions of changes in life activities as a result of breast removal and their levels of concern about the effects of breast cancer.

Table D.12 shows how desire for reconstruction increases proportionally with the magnitude of concern about perceived changes in activities resulting from breast removal -- from 30% among those with low levels of concern to 47% among those with high levels.

Likewise, concern about possible effects of breast cancer impacts to virtually the same degree on a woman's desire for breast reconstruction (Table D.13).

Consistent with the opinions of those in the general population, an equal proportion of women in the urban black sample (40%) said they definitely or probably would consider breast reconstruction (Table D.9). More than half (56%) of the women in the Hispanic sample, however, expressed interest in this type of restoration procedure, with as many as three in ten being of the strong opinion that they definitely would want reconstructive surgery of this type, in contrast to 22% among the urban black women and 14% among the general public.

DEMOGRAPHIC TRENDS IN ATTITUDES TOWARD BREAST CANCER

Education

Among national probability females, those who did not complete their high school education were most likely to have expressed high levels of concern regarding the effects of breast cancer and its treatment as compared with those who completed high school and those who attended college. In general, education does have an observable effect on concern about potential changes in life activities.

Income

As with education, women in lower-income brackets were more likely than women in higher-income brackets to indicate high levels of concern regarding possible effects associated with breast cancer and its treatment.

Age

Age of respondents strongly correlates with attitudes about breast cancer. Compared to women in older age categories, those under 35 expressed considerable levels of concern about perceived effects of the disease, as well as potential changes which could occur in life activities. Closely linked with these feelings of concern is the desire for breast reconstruction, which is particularly apparent among younger women, and decreases steadily as age increases.

Women with less than a high school education and those with incomes under $7,500 correspondingly said they probably or definitely would not want to have breast reconstruction. However, as a large proportion of these respondents are in the older age brackets, the opinions are most likely attributable to the age of respondents, rather than to education or to income.

Table D.14 demonstrates the degree of importance of breast reconstruction to women in various age categories.

Marital Status

Widows were the least likely of all groups to say they would want breast reconstruction. Attitudes of women who have never been married tend to go in the opposite direction. These differences may be attributable to age, since a majority of widows in the sample are at least 60 years of age, and most women interviewed who had never been married are under the age of 35.

Race

Essentially no differences are to be found between black and white women in the national probability sample with one exception. Black women expressed much greater concern than did white women (30%, compared to only 16% among whites) that having a breast removed would seriously impact on their ability to do strenuous housework.

Table D.1

Women's Life Activities Believed to Change "A Great Deal" as a Result of Breast Removal

Next, I'd like you to imagine a woman about your age who has had her breast removed. One year later, her life might be different than before her operation. I'm going to read a list of ways her life might have changed. For each one, please tell me if you think having had a breast removed would change this woman's life a great deal, somewhat, very little, or not at all. First, think of this woman's social life, such as going to a meeting or the movies. Do you think having a breast removed would change a woman's social life a great deal, somewhat, very little, or not at all?

(Qs. 45a-f)

	National Probability Sample	
	Total Females	Male Spouse/Partner 1/
Base:	(1580)	(720)
Social life, such as going to a meeting or to the movies	4%	6%
Job, such as office work	4	5
Strenuous housework, such as scrubbing floors or cleaning windows	17	15
Sexual relationships	16	14
Social relationships with men	16	14
Participation in strenuous sports, such as tennis or bowling	18	17

1/ Men were asked to imagine how breast removal might affect a woman's activities (Appendix V, Form B, Qs. 45a-f).

Table D.2

Women's Life Activities Believed to Change "A Great Deal" as a Result of Breast Removal

Next, I'd like you to imagine a woman about your age who has had her breast removed. One year later, her life might be different than before her operation. I'm going to read a list of ways her life might have changed. For each one, please tell me if you think having had a breast removed would change this woman's life a great deal, somewhat, very little, or not at all. First, think of this woman's social life, such as going to a meeting or the movies. Do you think having a breast removed would change a woman's social life a great deal, somewhat, very little, or not at all?

(Qs. 45a-f)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base:	(253)	(419)
Social life, such as going to a meeting or to the movies	10%	18%
Job, such as office work	6	13
Strenuous housework, such as scrubbing floors or cleaning windows	28	25
Sexual relationships	22	36
Social relationships with men	20	34
Participation in strenuous sports, such as tennis or bowling	32	32

Table D.3

Concern About Effects of Breast Cancer

Suppose that you, yourself, had breast cancer and had to have your breast removed. I'm going to read a list of concerns that some women have. For each one, would you tell me if you think you would be extremely concerned, quite concerned, somewhat concerned, or not at all concerned.

(Qs. 48a-k)

	National Probability Sample	
	Total Females	Male Spouse/Partner 1/
Base:	(1580)	(720)
Percent who said they were extremely concerned:		
Surgery might not have removed all the cancer	52%	56%
The cancer might return	45	53
Medical costs would be very high	38	23
You/she might die	37	67
Radiation treatment may cause skin damage	31	26
Drug treatments may cause your/her hair to fall out	31	21
Your/her illness might cause problems for your family	30	12
There might be a lot of pain	29	50
You/she might not be able to work anymore	21	9
You/she would look unattractive	12	6
Your/her friends would avoid you/her	5	7

1/ Men were asked about their levels of concern if their wives/partners had a breast removed (Appendix V, Form B, Qs. 48a-k).

Table D.4

Concern About Effects of Breast Cancer

Suppose that you, yourself, had breast cancer and had to have your breast removed. I'm going to read a list of concerns that some women have. For each one, would you tell me if you think you would be extremely concerned, quite concerned, somewhat concerned, or not at all concerned.

(Qs. 48a-k)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base:	(253)	(419)
Percent who said they were extremely concerned:		
Surgery might not have removed all the cancer	61%	75%
The cancer might return	51	72
Medical costs would be very high	42	63
You might die	49	65
Radiation treatment may cause skin damage	37	50
Drug treatments may cause your hair to fall out	35	53
Your illness might cause problems for your family	35	50
There might be a lot of pain	48	60
You might not be able to work anymore	28	37
You would look unattractive	22	31
Your friends would avoid you	10	17

Table D.5

Physical Attraction of a Single Man Toward a Woman Who Had a Breast Removed

Suppose that a single man about your age was going out with a woman who had found out that she had breast cancer and had to have her breast removed. After her operation, how do you think he would feel about her physically? Do you think he would find her....

(Q. 47b)

	Male Spouse/Partner
Base:	(720)
Much less attractive	5%
Somewhat less attractive	36
Just as attractive as before operation	51
Don't know	8

Table D.6

Hysterectomy vs. Breast Removal

Which do you think a man would find more difficult -- if his wife (partner) had a hysterectomy or if she had a breast removed?

(Q. 47c)

	Male Spouse/Partner
Base:	(720)
Hysterectomy more difficult	18%
Breast removal more difficult	59
Both same	14
Don't know	9

Table D.7

Impact of Breast Removal on Feelings Toward Wife/Partner

Suppose your wife (partner) had breast cancer and had to have her breast removed. What do you think your feelings would be? 1/

(Q. 47d)

	Male Spouse/Partner
Base:	(720)
Sympathy, compassion, support for wife, stand beside her	37%
Be glad she's alive	18
Would make no difference/would love her just the same	44
Would be upset/concerned/sorrowful (personal sadness)	18
Other	15
Don't know	2

1/ Multiple responses were accepted.

Table D.8

Feelings About Breast Reconstruction

(As you say) There is a procedure called breast reconstruction which involves surgery to build a new breast. If you had a breast removed, do you think you would want to have breast reconstruction? Do you think you would definitely, probably, probably not, or definitely not want to have this done?

(Q. 50a)

	National Probability Sample			
	Total Females		Male Spouse/Partner 1/	
Base:		(1580)		(720)
Definitely would	39%	14%	39%	12%
Probably would		25		27
Probably would not	53%	21	46%	26
Definitely would not		32		20
Don't know		8		15

1/ Men were asked if they would want their wives/partners to have breast reconstruction (Appendix V, Form B, Q. 50a).

Table D.9

Feelings About Breast Reconstruction

(As you say) There is a procedure called breast reconstruction which involves surgery to build a new breast. If you had a breast removed, do you think you would want to have breast reconstruction? Do you think you would definitely, probably, probably not, or definitely not want to have this done?

(Q. 50a)

	Supplemental Samples			
		Urban Black Females		Urban Hispanic Females
Base:		(253)		(419)
Definitely would	40%	22%	56%	30%
Probably would		18		26
Probably would not	51%	16	36%	16
Definitely would not		35		20
Don't know		9		8

Table D.10

Reasons for Wanting Breast Reconstruction

Please tell me why you think you *would* *want to have breast reconstruction. (Asked of those who would want to have breast reconstruction.)* 1/

	(Q. 50b) National Probability Sample Total Females	 Male Spouse/Partner 2/
Base:	(616)	(274)
Because I'm/she's young	10%	8%
If it's possible	5	5
Would make me/her feel normal/ whole again	38	26
Psychological/Self-esteem -- make me/her feel better in general, more confident, comfortable	49	66
For appearance	49	26
Other	5	5
Don't know	3	*

1/ Multiple responses were accepted.

2/ Men were asked why they would want their wives/partners to have breast reconstruction (Appendix V, Form B, Q. 50b).

Table D.11

Reasons for Not Having Breast Reconstruction

Please tell me why you think you would not want to have breast reconstruction. (Asked of those who would not want to have breast reconstruction.) 1/

(Q. 50c)

	National Probability Sample	
	Total Females	Male Spouse/Partner 2/
Base:	(837)	(331)
Not necessary	26%	39%
Too expensive	17	9
Might have side effects/cause new problems/cancer might flare up again	19	22
Too old, not at my age	26	11
Don't want (her) to go through another operation/more pain	34	43
Prosthesis/artificial breast is OK	11	4
Other	6	4
Don't know	2	2

1/ Multiple responses were accepted.

2/ Men were asked why they would not want their wives/partners to have breast reconstruction (Appendix V, Form B, Q. 50c).

Table D.12

Feelings About Breast Reconstruction by Levels of Concern About Perceived Changes in Life Activities 1/

Please tell me why you do think you would want to have breast reconstruction. (Asked of those who would want to have breast reconstruction.)

(Q. 50b)

	Low Concern Level	Medium Concern Level	High Concern Level
Base:	(512)	(557)	(511)
Percent who definitely/ probably would want breast reconstruction	30%	41%	47%

1/ The computation of the "Level-of-Concern" Scale is described in Appendix III.

Table D.13

Feelings About Breast Reconstruction by Levels of Concern About Perceived Effects of Breast Cancer 1/

Please tell me why you do think you would want to have breast reconstruction. (Asked of those who would want to have breast reconstruction.)

(Q. 50b)

	Low Concern Level	Medium Concern Level	High Concern Level
Base:	(486)	(521)	(573)
Percent who definitely/ probably would want breast reconstruction	29%	40%	48%

1/ The computation of the "Level-of-Concern" Scale is described in Appendix III.

Table D.14

Proportion Who Would Want Breast Reconstruction by Age of Respondent

(As you say) There is a procedure called breast reconstruction which involves surgery to build a new breast. If you had a breast removed, do you think you would want to have breast reconstruction? Do you think you would definitely, probably, probably not, or definitely not want to have this done?

(Q. 50a)

	18 - 34 years of age	35 - 49 years of age	50 - 64 years of age	65 and older
Total National Probability Females	(591)	(400)	(339)	(247)
Definitely/ probably would want breast reconstruction	66%	45%	21%	4%

E. FEMALE KNOWLEDGE, ATTITUDES, AND PRACTICES BY RESPONSES OF MALE PARTNERS

HYPOTHESES RELATING TO FEMALE KNOWLEDGE, ATTITUDES AND PRACTICES BY RESPONSES OF MALE PARTNERS

- Men's responses are related to women's responses toward breast cancer, and women's practice of breast self-examination.

FEMALE KNOWLEDGE, ATTITUDES, AND PRACTICES BY RESPONSES OF MALE PARTNERS

One objective of this study was to examine the relationships between women's attitudes, knowledge and practices with regard to breast cancer, and the corresponding attitudes and knowledge of their husbands/partners. The initial step in this analysis was to establish whether significant differences in attitudes exist between partners. Employing an analysis of variance approach, it was found that small but significant differences in the responses of male and female partners do exist. Overall, however, it seems that male and female partners are more similar than dissimilar in their attitudes toward breast cancer.

A tabular analysis was conducted, to further examine the responses of women on their attitudes and practices concerning breast cancer by their husbands'/partners' responses on a number of selected items. The one factor that emerges from this analysis is the association of the man's knowledge of breast cancer detection and treatment with his wife's/partner's responses.

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

COMPARISON OF PARTNER ATTITUDES TOWARD BREAST CANCER

Multivariate Analysis of Variance

An exploratory analysis of the similarities and differences between women and their husbands/partners on their attitudes toward breast cancer was conducted utilizing an analysis of variance approach. This analysis included both a multivariate analysis of variance to test the overall significance of differences within all female/male pairs and a series of univariate t-tests of eleven comparable and theoretically meaningful items for each female/male pair of respondents.

The multivariate analysis of variance confirmed that, overall, female and male partners differ significantly on attitudes and knowledge regarding breast cancer.

The univariate t-tests show that females, in relation to their husbands/ partners were more likely to:

- be concerned about getting breast cancer (q. 5b)
- have heard of the term "mastectomy" (q. 20a)
- believe that a doctor is likely to find a lump or other possible symptom of breast cancer during a routine physical examination (q. 39)
- be concerned about the effects of breast cancer treatment (qs. 48a-k)
- disagree with the statement that the decision to remove a breast should be made entirely by a doctor (q. 51a)
- disagree with the statement that, if cancer were found, I would not allow my breast to be removed (q. 51b)
- believe that much progress has been made in treating breast cancer in the past ten years (q. 51e)

While the differences between partners on these items are small, it is reasonably certain that the differences do exist in the population. 1/

1/ See Appendix III for a description of the procedure and items included in the analysis.

Likelihood of Breast Cancer

The tabular analysis results, however, underscore the fact that similarities, not dissimilarities, in attitudes about breast cancer characterize couples. Thus, there is an association between a woman's assessment of her likelihood of having breast cancer someday, and her male partner's estimate of her likelihood (Table E.1). Of the men who thought it very likely or somewhat likely that their wives/partners would someday have breast cancer, 54% of the wives/partners concurred. In contrast, only 32% of the women felt they were likely to get breast cancer if their husbands/partners thought this was an unlikely occurrence.

Effects of Breast Cancer Surgery

Similarly, there is a trend toward agreement between partners on the perceived seriousness of breast cancer treatment (Table E.2). While 45% of women whose husbands/partners perceived high levels of concern about effects resulting from breast cancer treatment concurred with that perception, only 19% of the female respondents expressed high levels of concern given a low level of concern by their husbands/partners.

Changes in Activities Due to Breast Removal

An important area of speculation concerned the comparison of couples' perceptions of the effect of breast removal on life activities. Examining the responses to the Changes in Activity Scale, we again see a trend toward agreement between female and male partners (Table E.3). If the male partner expressed high concern about the effect of breast removal on a woman's activities, there was a tendency for his female partner to respond similarly.

Attitudes Toward Breast Reconstruction

When male partners were asked whether they would want their wives/partners to have breast reconstruction in the event of breast removal, 39% of the males interviewed replied they definitely or probably would, and 46% indicated they probably or definitely would not (Table E.4). Among the former group's wives/partners, 63% said they were in favor of breast reconstruction, compared to only 29% of the women whose husbands/partners were opposed to breast reconstruction (Table E.5).

However, it should be noted that a woman's age, or more specifically, her status with regard to menopause, might be a confounding factor in this relationship. Of the men who said they would definitely or probably want their wives/partners to have breast reconstruction, 77% of their wives/female partners indicated that they had not yet begun menopause, compared to 44% of the women whose husbands/partners were not in favor of breast reconstruction (Table E.6).

COMPARISON OF PARTNER LEVELS OF KNOWLEDGE ABOUT BREAST CANCER

As in the case of partners' attitudes toward breast cancer, levels of knowledge about breast cancer tend to be similar within couples. 1/ Nevertheless, there are differences between males and females in the type of attitudes that are associated with the partners' level of knowledge about breast cancer. It was hypothesized that the levels of knowledge of both the man and the woman are important in influencing attitudes toward breast cancer among couples.

Male Levels of Knowledge and Female Partner Responses

Knowledge of Detection and Treatment and Misconceptions About Breast Cancer

Not unexpectedly, it was found that women who expressed common misconceptions about the causes of breast cancer had husbands/partners with low levels of knowledge about breast cancer detection and treatment (Table E.7).

While the overwhelming majority of women disagreed with the statement that fondling or caressing the breasts can cause breast cancer, one women in ten whose husband/partner scored low on the level of knowledge scale agreed with the statement and 13% weren't sure.

When asked whether they agreed or disgreed with the statement that bumping or bruising the breasts can cause breast cancer, women again were more likely to disagree if their husbands/partners had high rather than low levels of knowledge about breast cancer (Table E.8).

Interestingly, while males' levels of knowledge are associated with female partners' misconceptions about breast cancer, the converse is not true.

Knowledge of Detection and Treatment and Estimates of Breast Cancer Prevalence

Knowledge about the detection and treatment of breast cancer and knowledge of breast cancer prevalence did not correlate for the national probability sample of women. 2/ There does appear to be some correlation, however, between a woman's correct estimation of how many breast lumps turn out to be cancerous and her husband's/partner's knowledge about detection and treatment (Table E.9). Women whose husbands/partners have low knowledge levels were substantially more likely to overestimate the proportion of breast lumps that turn out to be cancerous.

1/ The computation of the "Level of Knowledge and Detection" scale is described in Appendix III.

2/ See Appendix III for the results of the factor analysis of items measuring knowledge about breast cancer.

FEMALE LEVELS OF KNOWLEDGE AND MALE PARTNER RESPONSES

Knowledge of Detection and Treatment and Reaction to Finding Lump

As we have seen, the female partners of high-knowledge males tended to correctly estimate the number of breast lumps that turn out to be cancerous. Similarly, the male partners of women with high levels of knowledge about detection and treatment were more likely to voice an optimistic view concerning consequences of discovering a breast lump than were male partners of less knowledgeable women (Table E.10).

Knowledge of Detection and Treatment and Concerns With Side Effects of Treatment

In addition to being more optimistic concerning the discovery of a breast lump, the male partners of women with high levels of knowledge also expressed lower levels of concern about the effects of treatment for breast cancer than did men whose wives/partners are less knowledgeable (Table E.11).

Table E.11 shows a consistent relationship between these two variables: the more knowledgeable a woman is about the detection and treatment of breast cancer, the less concern is voiced by her husband/partner over the effects of breast cancer treatment. Inasmuch as levels of knowledge and levels of concern about effects are not strongly correlated among the men interviewed, there is some evidence here to suggest that the relationship between a woman's knowledge about breast cancer and her husband's/partner's concern about the effects of this condition may be causally related.

Knowledge of Detection and Treatment Between Partners

As expected, a woman's knowledge of breast cancer detection and treatment is strongly correlated with her husband's/partner's knowledge (Table E.12). Thus, while just 30% of the men with low levels of knowledge have wives/partners with high levels of knowledge, among men with high scores on this scale, 82% have wives/partners with high levels of knowledge. However, the causal relationship of partner's level of knowledge about breast cancer detection and treatment cannot be determined on the basis of this alone.

MALE PARTNERS' ATTITUDES AND KNOWLEDGE ABOUT BREAST CANCER AND BACKGROUND CHARACTERISTICS OF FEMALE PARTNERS

The findings indicate that associations exist between a man's knowledge and attitudes about breast cancer and some background characteristics of his female partner.

Seriousness of Breast Cancer and Menopause

Although statistics indicate that women over 50 have a greater risk of contracting breast cancer, male partners of women who are past menopause tended to view breast cancer as a less serious problem than males whose wives/partners have not yet started menopause (Table E.13).

Likelihood of Breast Cancer and Menopause

Moreover, despite the greater risk of women over 50 to breast cancer, male partners of women past menopause were less likely to have said that there was a chance their wives/partners will have breast cancer compared to men whose female partners have not begun menopause (Table E.14).

Knowledge of Detection and Treatment and Menopause

One possible explanation for lower levels of concern about breast cancer among men whose female partners are past menopause may be that these men have lower levels of knowledge about the detection and treatment of breast cancer. As seen in Table E.15, there appears to be a consistent pattern for higher levels of male knowledge to be associated with having wives/partners who have not begun menopause compared to having wives/ partners who are past menopause. Thus, 63% of the males with high knowledge, compared to 46% of the less knowledgeable males, have wives/ partners who have not begun menopause. In contrast, 26% of the high-knowledge males, compared to 40% of the low-knowledge males, have wives/partners who have already undergone menopause.

DEMOGRAPHIC TRENDS IN FEMALE KNOWLEDGE, ATTITUDES, AND PRACTICES BY RESPONSES OF MALE PARTNERS

Knowledge of Detection and Treatment and Income

Males' knowledge of breast cancer detection and treatment also appears to be related to their household incomes, as reported by their female partners (Table E.16). One of every three low-knowledge males comes from a household with an income of less than $10,000, while the proportion of high-knowledge males in this income category is one out of 20.

Knowledge of Detection and Treatment and Education

Finally, men's knowledge of breast cancer detection and treatment also appears to be related to their spouses'/female partners' educational attainment (Table E.17). While the wives/female partners of 57% of the males with high knowledge have some college or more, this is true of only 22% of the low-knowledge males.

Table E.1

Male Partner's Expectation of Partner Developing Breast Cancer by Female Partner's Expectation

What do you think the chances are that you personally will have breast cancer some day? Do you think this is ...

(Q. 10)

	Male Partner's Expectation 1/	
	Very/Somewhat Likely	Very/Somewhat Unlikely
Base (Total Females with Partners) 2/:	(216)	(468)
Female Partner's Expectation		
Very/somewhat likely	54%	32%
Very/somewhat unlikely	44	61

1/ Men were asked what the chances are that their wives/partners will have breast cancer some day (Appendix V, Form B, Q. 10).

2/ Tabulated only for those females who have male partners.

Table E.2

Male Partner's Concern With Effects of Breast Cancer by Female Partner's Concern

	Male Partner's Level of Concern with Breast Cancer Effects 1/		
	Low	Medium	High
Base (Total Females with Partners) 2/:	(270)	(297)	(153)
Female Partner's Level of Concern			
Low	44%	26%	18%
Medium	37	36	37
High	19	38	45

1/ The computation of the "Level-of-Concern" Scale using questions 48a-k is described in Appendix III.

2/ Tabulated only for those females who have male partners.

Table E.3

Male Partner's Perceptions of Changes in Activity by Female Partner's Perceptions of Changes in Activity

	Male Partner's Perception of Level of Change in Activity 1/		
	Low	Medium	High
Base (Total Females with Partners) 2/:	(255)	(244)	(221)
Female Partner's Perception of Level of Change in Activity			
Low	40%	30%	24%
Medium	40	40	29
High	20	30	47

1/ The computation of the "Level of Change in Activity" scale using questions 45a-f is described in Appendix III.

2/ Tabulated only for those females who have male partners.

Table E.4

Male Perceptions of the Desirability of Breast Reconstruction for Wife/Partner

(As you say) There is a procedure called breast reconstruction which involves surgery to build a new breast. If your wife (partner) had a breast removed, do you think you would want her to have breast reconstruction? Do you think you would definitely, probably, probably not, or definitely not want her to have this done?

(Q. 50a)

	Male Spouse/Partner	
Base:	(720)	
Definitely would	12%	39%
Probably would	27	
Probably would not	26	46%
Definitely would not	20	
Don't know	15	

Table E.5

Male Partner's Wish for Partner to Have Breast Reconstruction by Female Partner's Desire for Breast Reconstruction

(As you say) There is a procedure called breast reconstruction which involves surgery to build a new breast. If you had a breast removed, do you think you would want to have breast reconstruction? Do you think you would definitely, probably, probably not, or definitely not want to have this done?

(Q. 50a)

	Male Partner's Response to Breast Reconstruction 1/	
	Probably/Definitely Would Want Partner To Have Reconstruction	Probably/Definitely Would Not Want Partner To Have Reconstruction
Base (Total Females with Partners) 2/:	(277)	(334)
Female Partner's Response		
Probably/definitely would want reconstruction	63%	29%
Probably/definitely would not want reconstruction	31	64
Don't know	6	7

1/ Men were asked if they would want their wives/partners to have breast reconstruction (Appendix V, Form B, Q. 50a).

2/ Tabulated only for those females who have male partners.

Table E.6

Male Partner's Wish for Partner to Have Breast Reconstruction by Female Partner's Relation to Menopause

(As you say) There is a procedure called breast reconstruction which involves surgery to build a new breast. If your wife (partner) had a breast removed, do you think you would want her to have breast reconstruction? Do you think you would definitely, probably, probably not, or definitely not want her to have this done?

(Q. 50a)

Where are you in relation to the menopause (change of life)?

(Q. 56)

	Male Partner's Response to Breast Reconstruction	
	Probably/Definitely Would Want Partner To Have Reconstruction	Probably/Definitely Would Not Want Partner To Have Reconstruction
Base (Total Females with Partners) 1/:	(277)	(334)
Female Partner's Relation To Menopause		
Have not started menopause	77%	44%
Have started menopause	7	8
Have finished menopause	15	45
Not reported	1	3

1/ Tabulated only for those females who have male partners.

Table E.7

Male Partner's Knowledge of Breast Cancer Detection and Treatment by Female Partner's Response to the Statement That Fondling or Caressing the Breast Can Cause Breast Cancer

Next, I'm going to read you some statements. Please tell me if you agree or disagree with the statement -- fondling or caressing the breasts can cause breast cancer.

(Q. 12c)

	Male Partner's Level of Knowledge and Detection 1/		
	Low	Medium	High
Base (Total Females with Partners) 2/:	(165)	(270)	(285)
Female Partner's Response			
Agree	10%	4%	4%
Disagree	77	93	91
Don't know	13	3	5

1/ The computation of the "Level of Knowledge and Detection" scale using questions 16, 17, 18b, 19, 20b, and 21a is described in Appendix III.

2/ Tabulated only for those females who have male partners.

Table E.8

Male Partner's Knowledge of Breast Cancer Detection and Treatment by Female Partner's Response to the Statement That Bumping/Bruising the Breast Can Cause Breast Cancer

Next, I'm going to read you some statements. Please tell me if you agree or disagree with the statement -- bumping or bruising the breasts can cause breast cancer.

(Q. 12a)

	Male Partner's Level of Knowledge and Detection 1/		
	Low	Medium	High
Base (Total Females with Partners) 2/:	(165)	(270)	(285)
Female Partner's Response			
Agree	59%	50%	39%
Disagree	32	45	55
Don't know	9	5	6

1/ The computation of the "Level of Knowledge and Detection" scale using questions 16, 17, 18b, 19, 20b, and 21a is described in Appendix III.

2/ Tabulated only for those females who have male partners.

Table E.9

Male Partner's Knowledge of Breast Cancer Detection and Treatment by Female Partner's Estimate of Number of Breast Lumps in Ten That Are Cancerous

Lumps in the breast are one possible sympton of breast cancer. Out of every ten breast lumps which occur, how many do you think turn out to be cancer?

(Q. 14)

	Male Partner's Level of Knowledge and Detection 1/		
	Low	Medium	High
Base (Total Females with Partners) 2/:	(165)	(270)	(285)
Female partner's estimate of number of breast lumps in ten that are cancerous --			
1-3	50%	62%	72%
4	4	11	4
5	22	14	17
6 or more	12	5	3
Don't know	12	8	4

1/ The computation of the "Level of Knowledge and Detection" scale using questions 16, 17, 18b, 19, 20b, and 21a is described in Appendix III.

2/ Tabulated only for those females who have male partners.

Table E.10

Male Partner's Response to the Statement "It Is Too Late If Woman Finds Lump" by Female Partner's Detection/Treatment Score

Next, I'm going to read to you a list of statements. For each one, please tell me if you agree strongly, agree somewhat, disagree somewhat, or disagree strongly. The first statement is once a woman finds a breast lump, it is usually too late to do anything about it.

(Q. 42a)

	Male Partner's Response	
	Agree/Somewhat Disagree	Strongly Disagree
Base (Total Females with Partners) 1/:	(198)	(503)
Female Partner's Level of Knowledge and Detection 2/		
Low	15%	7%
Medium	37	25
High	48	68

1/ The computation of the "Level of Detection and Treatment" scale using questions 16, 17, 18b, 19, 20b, and 21a is described in Appendix III.

2/ Tabulated only for those females who have male partners.

Table E.11

Male Partner's Concern With Effects of Breast Cancer by Female Partner's Detection/Treatment Score

	Male Partner's Level of Concern With Breast Cancer Effects 1/		
	Low	Medium	High
Base (Total Females with Partners) 2/:	(270)	(297)	(153)
Female Partner's Level of Knowledge and Detection 3/			
Low	5%	8%	22%
Medium	21	36	29
High	74	56	49

1/ The computation of the "Level of Concern" Scale using questions 48a-k is described in Appendix III.

2/ Tabulated only for those females with male partners.

3/ The computation of the "Level of Knowledge and Detection" scale using questions 16, 17, 18b, 19, 20b, and 21a is described in Appendix III.

Table E.12

Male Partner's Knowledge of Breast Cancer Detection and Treatment by Female Partner's Detection and Treatment Score

	Male Partner's Level of Knowledge and Detection 1/		
	Low	Medium	High
Base (Total Females with Partners) 2/:	(165)	(270)	(285)
Female Partner's Level of Knowledge and Detection			
Low	22%	11%	3%
Medium	48	34	15
High	30	55	82

1/ The computations of the "Level of Knowledge and Detection" scale using questions 16, 17, 18b, 19, 20b, and 21a is described in Appendix III.

2/ Tabulated only for those females with male partners.

Table E.13

Male Partner's Perception of Women's Most Serious Health Problem by Female Partner's Relation to Menopause

Which specific type of cancer is that? (Asked of those who say that cancer is the most serious health problem women face.)

(Q. 6b)

Where are you in relation to the menopause (change of life)?

(Q. 56)

	Male Partner's Perception of Women's Most Serious Health Problem	
	Breast Cancer	Other
Base (Total Females with Partners) 1/:	(382)	(338)
Female Partner's Relation to Menopause		
Have not started menopause	64%	51%
Have started	8	7
Have finished	26	40
Not reported	2	2

1/ Tabulated only for those females who have male partners.

Table E.14

Male Partner's Expectation of Wife/Partner Developing Breast Cancer by Female Partner's Relation to Menopause

What do you think the chances are that your wife (partner) will have breast cancer some day? Do you think this is very likely, somewhat likely, somewhat unlikely, or very unlikely?

(Q. 10)

Where are you in relation to the menopause (change of life)?

(Q. 56)

	Male Partner's Expectation	
	Very/Somewhat Likely	Very/Somewhat Unlikely
Base (Total Females with Partners) 1/:	(216)	(468)
Female Partner's Relation to Menopause		
Have not started menopause	69%	53%
Have started	8	8
Have finished	20	38
Not reported	3	1

1/ Tabulated only for those females who have male partners.

Table E.15

Male Partner's Knowledge of Breast Cancer Detection and Treatment by Female Partner's Relation to Menopause

Where are you in relation to the menopause (change of life)?

(Q. 56)

	Male Partner's Level of Knowledge and Detection 1/		
	Low	Medium	High
Base (Total Females with Partners) 2/:	(165)	(270)	(285)
Female Partner's Relation to Menopause			
Have not started menopause	46%	59%	63%
Have started	12	3	9
Have finished	40	36	26
Not reported	2	2	2

1/ The computation of the "Level of Knowledge and Detection" scale is described in Appendix III.

2/ Tabulated only for those females who have male partners.

Table E.16

Male Partner's Knowledge of Breast Cancer Detection and Treatment by Female Partner's Report of Household Income

What was your total household income for 1978?

(Q. 54)

	Male Partner's Level of Knowledge and Detection 1/		
	Low	Medium	High
Base (Total Females with Partners) 2/:	(165)	(270)	(285)
Female Partner's Report of Household Income			
Less than $10,000	33%	20%	5%
$10,000 - $19,999	40	29	31
$20,000 and over	24	42	53
Don't know/not reported/ refused	3	9	11

1/ The computation of the "Level of Knowledge and Detection" scale is described in Appendix III.

2/ Tabulated only for those females who have male partners.

Table E.17

Male Partner's Knowledge of Breast Cancer Detection and Treatment by Female Partner's Educational Level

What is the highest level of education which you completed?

(Q. 53)

	Male Partner's Level of Knowledge and Detection 1/		
	Low	Medium	High
Base (Total Females with Partners) 2/:	(165)	(270)	(285)
Female Partner's Educational Level			
High school graduate or less	78%	55%	43%
Some college or more	22	44	57

1/ The computation of the "Level of Knowledge and Detection" scale is described in Appendix III.

2/ Tabulated only for those females who have male partners.

F. BREAST SELF-EXAMINATION

HYPOTHESES RELATING TO BREAST SELF-EXAMINATION

- Women who are confident in their ability to do BSE learned BSE through personal instruction from a doctor or nurse.
- Women who practice breast self-examination monthly received instruction from a doctor or nurse.
- Most women who report practicing breast self-examination perform the technique incorrectly.
- Women who are confident in their ability to do BSE and to recognize a problem practice BSE more regularly than women who don't.
- Men's responses are related to women's responses toward breast cancer, and women's practice of breast self-examination.
- Women who feel personal responsibility for their own well-being and take an active role in their health care are more likely to practice BSE than those who don't.
- Women who have a high level of confidence in a doctor's ability to detect, diagnose, and to treat breast cancer practice BSE more frequently than those who don't.
- Women who have positive attitudes toward breast cancer are more likely to practice BSE and seek prompt medical treatment for breast-related problems.
- Women with a higher level of knowledge about breast cancer are more likely to practice BSE and seek prompt medical treatment.
- Black and Hispanic women are less informed about breast cancer, report lower levels of BSE practice, and are less likely to seek prompt treatment than white women.

AWARENESS AND PRACTICE OF BREAST SELF-EXAMINATION

A major focus of this study has been on the general public's awareness and practice of breast self-examination. An effort has been made here to establish baseline figures for the practice and thoroughness of breast self-examination among women in the U.S. Special attention has been paid to the practices and related attitudes of minority women in urban areas, as well as to the attitudes toward the practice of breast self-examination of husbands/partners of the national probability sample of women.

The findings of this survey reveal that the great majority of women in the national probability sample have heard of breast self-examination. Although there are indications that many women are not examining their breasts on a monthly basis as generally recommended, or with sufficient thoroughness, about three out of four women reported having practiced breast self-examination in the past year. The husbands/partners of the women in the national probability sample generally do not help in these procedures. Nevertheless, there are indications that men do wish to assist their wives/partners. The results of the analysis of the urban black and Hispanic supplemental samples suggest that minority women in urban areas are not as knowledgeable about breast self-examination procedures as are women in the general population.

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Practice of Breast Self-Examination

In order for breast self-examination to be an effective early-detection technique, women must not only be aware of the potential benefit of the procedure, but also practice the examination regularly and correctly. 1/

Encouragingly, the data show a marked increase among the general female population in awareness, practice, and thoroughness of breast self-examination since the American Cancer Society study conducted in 1973. While only 77% of the women surveyed at that time had heard of breast self-examination, there was among the respondents in the national probability sample an almost universal recognition of the practice today -- 96% among national probability females and 90% among their husbands/partners (Table F.1).

Current results show that a substantial proportion of women in the national probability sample (77%) reported having practiced breast self-examination in the past year (Table F.3).

Approximately four out of ten women claimed that they performed the procedure monthly or more often, and almost three out of ten women reported practicing breast self-examination monthly in the past year. Of all women who said that they had ever practiced breast self-examination, almost all said they practice it a minimum of twice a year. This indicates a substantial increase since 1973, when only half the women in the sample (55%) said they practiced breast examination, and as few as 18% claimed to perform the examination monthly.

Women who said they practice breast self-examination every two months or less were asked why they don't examine their breasts more often. The predominant reason given was that they just don't think about it more often, or they are not that concerned -- it simply is not on their minds (Table F.5).

1/ This study distinguishes between women who reported practicing breast self-examination monthly or more often and women who claimed performing the procedure on a less than monthly basis, or not at all. In the opinion of many health-care specialists, however, the recommended frequency for breast self-examination is monthly. Further research may focus on the comparison of monthly to nonmonthly breast self-examination practice.

Even if a woman follows a monthly regime of breast self-examination, however, its value may be minimal if she does not do it correctly. Thus, the female respondents in the study were told that the procedure for breast self-examination includes several steps, and they were asked to describe the steps they use when they examine their breasts. Although the open-ended format of this question was designed to elicit the degree of correct technical training of a respondent with a minimum of prompting, it is possible that descriptions of specific steps are to a degree reflective of a woman's ability to express her techniques verbally.

Nevertheless, the various component steps appear to be mentioned much more frequently in this survey than was the case in the 1973 survey (Table F.7). [1]

Of all women who claimed to have ever practiced breast self-examination in the present study, 96% reported that they use a circular motion, feel around, or examine nipples in the process of examining their breasts. About seven in ten women who said they have practiced breast self-examination mentioned the step of lying down or lying on a pillow, while roughly two in five women mentioned the steps of being upright or in a shower and having arm over head or behind head. The steps least likely to be mentioned by women claiming to practice breast self-examination are checking under the arms (14%) and "looking" for changes or abnormalities in the breasts or nipples (11%).

To further determine adequacy of the self-examinations, a "thoroughness score" was calculated for each individual respondent. This score was arrived at by summing the total of all steps performed by a woman during her self-examination. A range of zero to six was possible for any respondent, based on mention of any one of the following steps:

- circular motion/feel around/examine nipples
- lying down/lying on pillow
- upright/in shower
- arm over head/behind head
- under arms
- looking

---

[1] Although the 1973 survey for the American Cancer Society is not strictly comparable to this survey in the matter of the question wording and sequence with regard to the quality of breast self-examination, a rough comparison is possible. Because the 1973 survey preceded the question on breast self-examination procedures with a series of questions referring to the steps doctors take in conducting breast examinations, it appears reasonable to assume that the question on breast self-examination procedures in the present survey provides a more conservative and perhaps more accurate measure of the extent of respondents' knowledge of these procedures. Despite the lower degree of prompting in the question on breast self-examination procedures in the present survey, however, respondents exhibited noticeably greater knowledge of these procedures than was revealed in the 1973 survey (see Tables F.37 and F.38 for the relevant figures from the 1973 survey).

A score of zero means that the respondent was unable to describe anything she did, while a score of six indicates that the woman mentioned performing all steps necessary for a complete breast self-examination.

Among all women in the national probability sample who have done breast self-examination, six in ten described at least three of the possible six steps. Three in ten described two steps, while fewer than one in ten was unable to describe more than one correct step (Table F.7).

Table F.7 also shows the distribution of "thoroughness scores" for those women who reported practicing breast self-examination monthly. It appears that there is no difference in the proportion of women reporting a more thorough procedure between those women who claimed to practice the procedure monthly, and those who claimed to have practiced breast self-examination in the past year, but not on a monthly basis.

An additional indication of thoroughness is the actual amount of time spent in the performance of the examination. Less than a minute or two may provide too cursory an inspection and decrease the value of the examination. The data indicate, however, that the majority (59%) of those who claimed to have practiced breast self-examination said they take from two to more than five minutes to conduct the examination (Table F.9).

Observed in perspective of the general female population, awareness and practice of breast self-examination among women in the minority supplemental samples are less pronounced. While almost all national probability women (96%) have heard of the procedure of breast self-examination, this was reported by only 89% of the urban black women and 75% of the urban Hispanic women (Table F.2)

Although a substantial proportion of the black women claimed to have practiced the procedure (77%), the "thoroughness score" for these women indicates that no more than a third of those urban black women who claimed to have practiced breast self-examination perform three of the six steps required for a complete examination (Table F.8) Far fewer among the urban Hispanic sample (only 57%) reported ever practicing breast self-examination; only half of these performed a minimum of three of the six steps.

Focusing only on those urban black and Hispanic women who claimed practicing breast self-examination monthly, it appears that there is no appreciable difference on the "thoroughness score" between this small subsample and the total sample of urban minority women who claimed to have ever practiced breast self-examination (Table F.8).

It is not known how much these scores reflect a lesser facility or willingness on the part of these women to verbalize the specific steps of their performance. The numbers are sufficiently lower, however, than those for the general population to suggest that the actual procedures performed among these minority women may indeed be of a less thorough nature than might be desired.

Although the urban black and Hispanic women generally mentioned the individual steps with about the same frequency as the national probablity women, urban black women were less likely to mention specifically standing in an upright position or placement of the arm over the head.

Of the women in these minority groups who said they have practiced breast self-examination, well over half (69% of the urban black women; 60% of the urban Hispanic women) said they perform the procedure monthly or more often (Table F.4). At least three-fourths spend two to five minutes or longer on the procedure (Table F.10).

Instruction in Breast Self-Examination

An important consideration in determining the quality of women's reported practice of breast self-examination is the source of their instructions in the procedure. It seems reasonable to assume that a woman is more likely to examine her breasts properly if she has been given instruction from a doctor or nurse rather than from another source.

An examination of the relationship between the reported frequency of breast self-examination and whether or not the respondent reported having had personal instruction provides some evidence for the association between personal instruction and more frequent breast self-examination (Table F.11). While 74% of those women in the national probability sample who reported practicing the procedure monthly or more often asserted that they had received personal instruction, this was true for just 61% of the women reporting less than monthly practice of the procedure.

When the source of personal instruction is specified, it becomes apparent that personal instruction by a doctor is the most prevalent source for women (Table F.13). There is some evidence that the association between personal instruction and more frequent breast self-examination is related to personal instruction by doctors. Whereas 64% of women reporting the practice of breast self-examination monthly or more often claimed to be instructed by a doctor, this was the case for 52% of the women reporting the practice of breast self-examination less often than monthly.

A similar relationship between reported frequency of breast self-examination and reported personal instruction seems to be suggested by the data for the urban black and Hispanic samples (Table F.12). Urban black and Hispanic women were somewhat more likely to have reported receiving personal instruction if they claimed to practice breast self-examination monthly or more often. Interestingly, the data for urban Hispanic women show that, although most reported being given personal instruction by a doctor, there appears to be a greater percentage claiming personal instruction from a nurse than is the case for urban black women (Table F.14).

Confidence in Ability to Do BSE

The majority of women who said they have ever practiced breast self-examination expressed confidence in their ability to do the procedure. Although only 24% of the women who are self-reported practitioners claimed to be very confident in their breast self-examination ability, a total of 66% said they were somewhat or very confident. (Table F.15).

There is some reason to believe that women who practice breast self-examination monthly or more frequently are more confident of their ability to do so than are women who perform the procedure less frequently. There is some support for this assumption insofar as the vast majority (91%) of women who claimed to practice breast self-examination monthly or more often reported themselves to be somewhat or very confident in their ability to do so (Table F.17).

The urban black sample of women appears to be similar to the national probability sample in terms of the proportion of women who claimed to have practiced breast self-examination and who expressed themselves as feeling somewhat or very confident in their ability to do the procedure (61%)(Table F.16). The urban Hispanic women, however, were not as likely as other women to profess such confidence. A total of 17% of the urban Hispanic women who claimed to have practiced breast self-examination felt very confident, and 20% claimed to feel somewhat confident.

The pattern observed for the national probability sample with regard to the association of self-reported monthly or more frequent breast self-examination and expressed confidence in ability to do the procedure seems to hold for the urban minority group samples, as well. A total of 88% of the urban black and 72% of the urban Hispanic women who reported practicing breast self-examination monthly or more often also expressed themselves as being somewhat or very confident in their ability to do the procedure (Table F.18).

Ability to Discover a Lump During Breast Self-Examination

Virtually all national probability respondents -- 91% of the females and 88% of their husbands/partners -- said that if a lump were present in the breast, women are likely to find it when examining their own breasts; at least two in five believed they would be very likely to find the lump (Table F.19).

In contrast, overall confidence that if a lump were present a physician would find it during a breast exam as part of a routine physical examination is no greater than the belief that the woman, herself, would find it through performance of BSE (Table F.21). Interestingly, men expressed even less confidence (by about 10%) in the likelihood of a doctor finding a lump compared to the likelihood that a woman would find it.

Whereas 91% of the national probability women said it is likely that a woman would discover an existing lump when examining her own breasts, were one present, seven in ten (72%) agreed with the statement that most women discover a breast lump before the doctor does (Table F.23).

Although only 78% among the supplemental urban black women expressed confidence in their ability to find a breast lump when examining their own breasts, they were no more likely (also 78%) to believe a physician has a greater chance of making the discovery (Tables F.20 and F.22).

Hispanic women expressed less confidence about their ability to find a breast lump. Whereas only 69% believed it is likely that a woman, herself, would find a lump, 84% were confident their doctors would find it. However, a good proportion of these women (72%) agreed that a woman is likely to discover such a problem in advance of her physician (Table F.24).

Once a Lump Is Found, It Is Too Late to Do Anything About It

Relatively few women among the general female population (only 7%) believed that once a breast lump is found, nothing could be done about it (Table F.25). However, three times as many women in the minority black and Hispanic supplemental samples (20% to 21%) showed this type of fatalistic thinking (Table F.26).

Feelings About Assistance of Husbands/Partners With BSE

Although few men seem to have actually helped their wives/partners in BSE techniques, they appear willing to assist in early detection activities. Women, on first inspection, appear reticent regarding partner assistance. Men are aware of the importance of breast self-examination, are confident in their own ability to perform the examination, and have positive attitudes toward learning the proper techniques.

Although the data suggest that some men may be unaware that their wives/partners practice BSE, virtually all men who know that such a procedure exists believe that their wives/partners should practice it. Men appear to believe that breast self-examination is in the best interests of their wives/partners, and allows for early detection of signs of cancer. Only 2% of all men surveyed were not favorably disposed toward breast self-examination practice by their wives/partners.

Whereas only 9% of the women who have husbands/partners and who practice BSE said they have been assisted by their husbands/partners during breast self-examination, as many as 17% of the men said they have helped their wives/partners in these techniques (Table F.27). Of those men who have helped, most expressed positive feelings regarding their participation and confidence in their ability to recognize cancer early warning signs (13% among the 17%).

Among men who have never assisted in breast examinations, far more expressed interest in learning the proper techniques than said that they are not interested (63% interested vs. 37% who are not). Of the few men who do not want to learn BSE techniques, the reasons cited most frequently were that their wives/partners should be able to check themselves and their participation is not necessary (Table F.33).

When men were asked how they thought their wives/partners would feel about their assistance in breast examinations, almost half (47%) said they believed their wives/partners would have a positive reaction; one-fourth (24%) said they believed the woman's reaction would be neutral (Table F.34). Only 13% felt she might react negatively.

In comparison to this, women appear less likely to express positive feelings about male participation, with only a third (34%) expressing a positive inclination to the idea, and slightly less (27%) remaining neutral (Table F.29). As many as 29% expressed negative feelings toward the idea. About three-fourths (72%) of the women expressed confidence that their husbands/partners would be capable of breast examination were they to learn the proper techniques (Table F.31).

DEMOGRAPHIC TRENDS IN PRACTICE OF BSE

Geographic Region and Population Density

Women living in the Northeast were the least likely to report practicing breast self-examination -- 75% compared with 83% of national probability females in total. Breast self-examination appears to be practiced most commonly in the West(90%). Additionally, Western women seem to be particularly thorough in the methods they use in breast self-examination.

Of all national probability women, those in the West were most likely to have expressed confidence in and were least likely to have expressed negative reactions toward the idea of their husbands/partners helping to examine their breasts, while those in the Northeast were the most negative to this suggestion.

Women in metropolitan areas do not differ significantly from those in the suburbs or in non-metropolitan areas in terms of their reported attitudes toward or practice of breast self-examination.

Education

Practice of breast self-examination becomes more common as educational level rises (Table F.35). While 72% of those who did not graduate from high school reported practicing BSE, the figure rises to 89% among those who attended college. Better-educated women also did a more thorough job of breast self-examination and were able to describe in greater detail the steps required for complete breast self-examination. Relatively few among those with less than a high school education were able to describe more than three of the six steps required for a complete breast self-examination.

Income

Breast self-examination was reported more frequently among women in high-income categories than among those with low incomes (Table F.36). Likewise, thoroughness of breast self-examination improved as income of respondent rose.

Age

While 85% to 86% of women under the age of 65 reported practice of breast self-examination, only 73% of women over this age did so. Women under the age of 35 tend to be the most thorough in their BSE, while those in the older age categories (age 50 and over) were the least so.

Younger women demonstrate a much more positive attitude than do older women toward the prospect of having their husbands/partners help them examine their breasts. Enthusiasm for this idea declines steadily with age. Those under 35 expressed considerably more confidence than did those over 35 in the ability of their husbands/partners to help with breast examination.

Marital Status

Marital status affects women's attitudes and behavior in this area only to the extent that responses of widows differ from the norm in a manner which is consistent with their typically more advanced age. Widows were the least likely to have ever practiced breast self-examination and the least likely to have performed more than three of the six major component steps.

Race

Fewer black women reported that they practice BSE than did white women (76%, compared with 84% for white women). Three-fourths of the black women who practice BSE, as compared with 45% of the white women, said they perform the procedure at least monthly.

Black women were less likely than white women to agree with the statement that most women discover breast lumps before the doctor does (62% vs. 72%).

Two black women in ten (21%) who practice BSE said their husbands/partners have helped them with BSE; only 8% of the white women who practice BSE reported that their husbands/partners have helped them.

FACTORS RELATED TO THE FREQUENCY OF BREAST SELF-EXAMINATION

A major objective of this study was to identify the factors related to the practice or non-practice of breast self-examination. It has already been seen that public awareness of the seriousness of breast cancer and the means for its early detection is high. Nonetheless, while many women reported practicing breast self-examination monthly or more often, six out of ten women said they examined their breasts either less than monthly or not at all.

On the basis of the tables examined in preceding sections, a number of variables were found to have some association with frequency of breast self-examination. First of all, such demographic factors as youth, more education, higher household income, and living in the western region of the country appeared to be associated with monthly or more frequent breast self-examination. In addition, certain attitudes, knowledge, and health-related practices appeared to have some relationship with frequency of breast self-examination.

The National Cancer Institute initially advanced a number of hypotheses to explain why some women may be more likely than others to practice regular breast self-examination. These hypotheses served a dual function:

- making explicit the basis for the initial formulation and selection of questions asked of the women interviewed in this survey, and
- taking the first step in building a model that would identify major factors related to the practice or non-practice of breast self-examination.

The technique of discriminant function analysis was employed to help develop such a model, utilizing data obtained from the national probability sample of women. 1/ All female respondents in this sample were divided into two groups:

- women who reported practicing breast self-examination monthly or more often, and
- women who reported practicing breast self-examination less than monthly or not at all.

1/ Since inferences to the general population can only be made from data on the national probability sample of women, and not from the two purposive samples of urban black and urban Hispanic women, it was decided to confine the multivariate analyses to the national probability sample.

The "predictor" variables utilized in the first discriminant function analysis consisted of all questionnaire items that seemed to represent variables specified in the hypotheses developed by the National Cancer Institute, relating various factors to the regular practice of breast self-examination. 1/

The second discriminant function analysis was an elaboration of the first analysis. Rather than using individual questionnaire items to represent factors hypothesized to relate to breast self-examination frequency, scaled measures of these hypothesized factors were created. For instance, one hypothesis was that women with a higher level of knowledge about breast cancer are more likely to practice breast self-examination. A factor analysis of questionnaire items thought to represent "knowledge about breast cancer" suggested that there are, in fact, at least three separate areas of knowledge and that each area of knowledge about breast cancer is represented by multiple questionnaire items. 2/ These three scales, along with scales thought to represent perceived effects of breast cancer and its treatment, general medical check-up, and one item tapping respondents' claims that they would want a second medical opinion if told by their doctor that they must have a breast removed, were all input into the second discriminant function analysis. Again, the intent of this analysis was to discover which of these scales could best "predict" whether a female respondent belonged to the breast self-examination monthly or more often group or to the less than monthly or no breast self-examination at all group.

The outcome of these two discriminant function analyses was that a number of measures representing attitudes and knowledge about breast cancer, as well as health-related practices seemed to adequately "predict" the self-reported breast self-examination behavior of women in the national probability sample.

Among measures of attitudes toward breast cancer, three items emerged:

- viewing breast cancer as the most serious health problem women face (Q. 5b)
- concern that one is personally likely to get cancer (Q. 6b)
- feeling that once a woman finds a breast lump, it is not too late to do anything about it (Q. 42a)

1/ See Appendix III for a listing of the specific questionnaire items used in the first discriminant function analysis.

2/ The three scaled measures of knowledge about breast cancer were labeled "knowledge about breast cancer detection and treatment," "knowledge of breast cancer high-risk groups," and "misconceptions about breast cancer." The Appendix, Section C, discusses the factor analysis procedure and lists the items included in each scale.

Among measures of knowledge about breast cancer, three were found to be significant:

- knowledge of breast cancer detection and treatment (scale)
- awareness of the advantages of breast self-examination (Q. 25)
- taught breast self-examination by a doctor or nurse (Q. 31b)

And finally, one variable representing health care-related practices emerged as significant:

- general medical check-up (scale consisting of Qs. 2, 3d, and 3e)

The findings of the discriminant function analyses do suggest that a relatively small number of variables representing selected aspects of women's attitudes and knowledge with respect to breast cancer and their medical check-up practices can help predict a woman's propensity to perform monthly or more frequent breast self-examinations. 1/ It appears very likely that such demographic variables as age, education, income, and geographic region are also associated with self-reported breast self-examination behavior. Moreover, it is possible that certain characteristics of the husbands/partners are important in identifying women who are more likely or less likely to practice breast self-examination on a monthly basis. However, the objectives of the discriminant function analyses were primarily model-building, and women's attitudinal and behavioral characteristics were the explicit focus of this proposed model.

It is recognized that this analysis represents only the first step in this model-building endeavor. While the findings of the discriminant function analyses identify a number of variables that appear to be associated with self-reported breast self-examination behavior, these variables have yet to be meaningfully combined into a theoretical model that purports to explain why certain types of women are more likely than others to practice breast self-examination on a monthly or more frequent basis. 2/ Further research is needed to test the model developed on the basis of this study's findings, and to explore interrelationships between women's attitudes and behaviors with respect to breast cancer and their situational and demographic characteristics.

1/ Several caveats must be observed in interpreting these findings. First, it is assumed that self-reported breast self-examination behavior measures, albeit imperfectly, actual behavior. Second, in the case of highly correlated measures, a stepwise regression procedure will show only the variable explaining most of the variance in the criterion variable as significant, suppressing the other correlated variables (see Appendix III.

2/ This study distinguishes between women who reported practicing breast self-examination monthly or more often and women who claimed performing the procedure on a less than monthly basis, or not at all. In the opinion of many health-care specialists, however, the recommended frequency for breast self-examination is monthly. Further research may focus on the comparison of monthly to nonmonthly breast self-examination practice.

Table F.1

Awareness and Practice of Breast Self-Examination

Can you tell me what the initials BSE stand for?

(Q. 24a)

BSE stands for Breast Self-Examination. Have you ever heard of Breast Self-Examination, where a woman examines her breasts at home for possible signs of cancer? (Asked only of those who did not know what BSE stands for.)

(Q. 24b)

	National Probability Sample	
	Total Females	Male Spouse/Partner
Base:	(1580)	(720)
Can tell what BSE stands for	12%	8%
Have heard of Breast Self-Examination	84	82
Have not heard of Breast Self-Examination	4	10

Table F.2

Awareness and Practice of Breast Self-Examination

Can you tell me what the initials BSE stand for?

(Q. 24a)

BSE stands for Breast Self-Examination. Have you ever heard of Breast Self-Examination, where a woman examines her breasts at home for possible signs of cancer? (Asked only of those who did not know what BSE stands for.)

(Q. 24b)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base:	(253)	(419)
Can tell what BSE stands for	11%	6%
Have heard of Breast Self-Examination	78	69
Have not heard of Breast Self-Examination	11	24

Table F.3

Awareness and Practice of Breast Self-Examination

During the past year, about how often have you examined your breasts? (Asked only of those who have done BSE.)

(Q. 32a)

		National Probability Sample
Base:		(1580) 1/
Daily	40%	3%
Weekly		8
Monthly		29
Every two months	37%	9
Three or four times a year		15
Twice a year		10
Yearly		3
Not in last year	6%	5
Don't know		1

	National Probability Sample
Base (Women who practice BSE): 2/	(1311)
Frequency of Practice	
Monthly or more often	48%
At least 2 times a year	41
Once a year or less	11

1/ The percentages are based on the total national probability sample of females. Of the 1,580 women in the sample, 77% claimed that they have practiced BSE in the past year, 5% claimed to have practiced BSE, but not in the past year, 1% didn't know, and 17% stated that they had never done BSE.

2/ The base for this subtable is 83% of the total number of women in the national probability sample, representing all those female respondents who indicated that they had ever done BSE.

Table F.4

Awareness and Practice of Breast Self-Examination

During the past year, about how often have you examined your breasts? (Asked only of those who have done BSE.)

(Q. 32a)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base: 1/	(253)	(419)
Daily	6%	5%
Weekly	19	8
Monthly	28	21
Every two months	3	3
Three or four times a year	8	7
Twice a year	7	6
Yearly	2	4
Not in last year	3	3
Don't know	1	*

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base (Women who practice BSE): 2/	(195)	(239)
Frequency of Practice		
Monthly or more often	69%	60%
At least 2 times a year	23	28
Once a year or less	8	13

1/ The percentages are based on the total urban probability samples of females. Of the 253 urban black women in the sample, 73% claimed to have practiced BSE in the past year. The remaining 27% either reported not practicing in the past year, didn't know, or stated never having done BSE. Of the 419 urban Hispanic women, 54% reported practicing BSE in the past year.

2/ The base of this subtable is 77% of the urban black women and 57% of the urban Hispanic women, representing all those female respondents who indicated that they had ever done BSE.

Table F.5

Awareness and Practice of Breast Self-Examination

Please tell me why you don't examine your breasts more often. PROBE: Are there any other reasons? (Asked only of those who examine breasts every two months or less often.)

(Q. 32b)

	National Probability Sample
	Total Females
Base:	(1580) 1/
Not concerned about cancer/feel fine/cancer not in family	5%
Let the doctor do it	3
Doctor said not to worry	1
Don't know if I could detect a problem/I'm not qualified	3
Don't think about it/not that concerned/not on my mind	32
See the doctor frequently	2
Other	2

1/ The percentages in this table are based on the total number of female respondents in the national probability sample. Of the 1,580 women in the sample, 42% were asked this question. The remaining 58% either reported practicing BSE more often than every two months, didn't know how often, or reported never having done BSE. The percentages in this table total 48% rather than 42%, however, due to multiple responses.

Table F.6

Awareness and Practice of Breast Self-Examination

Please tell me why you don't examine your breasts more often. PROBE: Are there any other reasons? (Asked only of those who examine breasts every two months or less often.)

(Q. 32b)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base: 1/	(253)	(419)
Not concerned about cancer/feel fine/cancer not in family	4%	3%
Let the doctor do it	2	2
Doctor said not to worry	0	*
Don't know if I could detect a problem/I'm not qualified	2	3
Don't think about it/not that concerned/not on my mind	14	13
See the doctor frequently	1	1
Other	1	2

1/ The percentages in this table are based on the total number of urban black and Hispanic women in the supplemental samples. Of the 253 urban black and 419 urban Hispanic women, 23% in each sample were asked this question. The remaining 77% either reported practicing BSE more often than every two months, didn't know how often, or reported never having done BSE. The percentages in this table total 24% rather than 23% due to multiple responses.

Table F.7

Awareness and Practice of Breast Self-Examination

The procedure for Breast Self-Examination includes several steps. Please tell me specifically what steps you use when you examine your breasts. PROBE: How do you go about it? (IF POSITION NOT MENTIONED, ASK): Is there any special position you assume? Is there anything else you do? (Asked only of those who indicated they had ever practiced BSE.) 1/

(Q. 34)

	National Probability Sample
	Total Females
Base (Women who practice BSE): 2/	(1311)
Circular motion/feel around/ examine nipples	96%
Lying down/lying on pillow	69
Upright/in shower	42
Arm over head/behind head	41
Under arms	14
Looking	11
Other/don't know	3

	National Probability Sample
	Total Females
Base (Women who practice BSE): 2/	(1311)
Number of Steps Performed 3/	
0-1 steps	9%
2 steps	30
3 steps	41
4-6 steps	20
Base (Women who practice BSE monthly): 4/	(458)
Number of Steps Performed	
0-1 steps	6%
2 steps	27
3 steps	38
4-6 steps	28

1/ Multiple responses were accepted.

2/ The base for this subtable is 83% of the total number of women in the national probability sample, representing all those female respondents who indicated that they had ever done BSE.

3/ Each respondent was given a score representing the number of steps she described in her breast self-examination procedure.

4/ The base for this subtable is 29% of the total number of women in the national probability sample, representing all those female respondents who practice BSE monthly.

Table F.8

Awareness and Practice of Breast Self-Examination

The procedure for Breast Self-Examination includes several steps. Please tell me specifically what steps you use when you examine your breasts. PROBE: How do you go about it? (IF POSITION NOT MENTIONED, ASK): Is there any special position you assume? Is there anything else you do? (Asked only of those who indicated they had ever practiced BSE.) 1/

(Q. 34)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base (Women who practice BSE): 2/	(195)	(239)
Circular motion/feel around/examine nipples	97%	91%
Lying down/lying on pillow	74	65
Upright/in shower	27	44
Arm over head/behind head	25	38
Under arms	8	7
Looking	3	7
Other/don't know	4	2
Base (Women who practice BSE): 2/	(195)	(239)
Number of Steps Performed 3/		
0-1 steps	9%	12%
2 steps	55	38
3 steps	29	33
4-6 steps	7	17
Base (Women who practice BSE monthly): 4/	(71)	(88)
Number of Steps Performed 3/		
0-1 steps	8%	14%
2 steps	46	32
3 steps	30	32
4-6 steps	14	22

1/ Multiple responses were accepted.

2/ The base for this subtable is 77% of the total urban black women and 57% of the urban Hispanic women, representing all those urban female respondents who indicated that they had ever done BSE.

3/ Each respondent was given a score representing the number of steps she described in her breast self-examination procedure.

4/ The base for this subtable is 28% of the total urban black women and 21% of the urban Hispanic women, representing all those urban female respondents who practice BSE monthly.

Table F.9

Awareness and Practice of Breast Self-Examination

How many minutes does it take you to examine your breasts? Does it take you ... (Asked only of those who indicated they had ever practiced BSE.)

(Q. 33)

		National Probability Sample Total Females
Base (Women who practice BSE): 1/		(1311)
Less than two minutes		30%
About 2 to 5 minutes	68%	59
About 6 to 10 minutes		8
More than 10 minutes		1
Other/don't know		1

1/ The base for this table is 83% of the total number of women in the national probability sample, representing all those female respondents who indicated that they had ever done BSE.

Table F.10

Awareness and Practice of Breast Self-Examination

How many minutes does it take you to examine your breasts? Does it take you ... (Asked only of those who indicated they had ever practiced BSE.)

(Q. 33)

		Supplemental Samples		
		Urban Black Females		Urban Hispanic Females
Base (Women who practice BSE): 1/		(195)		(239)
Less than two minutes		22%		19%
About 2 to 5 minutes	74%	62	81%	65
About 6 to 10 minutes		10		11
More than 10 minutes		2		5
Other/don't know		4		*

1/ The base for this table is 77% of the total urban black women and 57% of the urban Hispanic women, representing all those urban female respondents who indicated that they had ever done BSE.

Table F.11

Reported Frequency of Breast Self-Examination by Reported Personal Instruction in the Procedure

Has anyone ever taught you personally how to examine your breasts?

(Q. 31a)

During the past year, about how often have you examined your breasts?

(Q. 32a)

	Frequency of Breast Self-Examination		
	Monthly or More Often	Less Often Than Monthly	Never Did BSE/ Not in Past Year
Base: 1/	(660)	(552)	(268)
Percent Asked:	100%	100%	28% 2/
Have had personal instruction	74%	61%	20%
Have not had personal instruction	26	39	9

1/ Females in the national probability sample reporting a given frequency of breast self-examination.

2/ Of the 268 women, only 28% responded to this question.

Table F.12

Reported Frequency of Breast Self-Examination by Reported Personal Instruction in the Procedure

Has anyone ever taught you personally how to examine your breasts?

(Q. 31a)

During the past year, about how often have you examined your breasts?

(Q. 32a)

	Frequency of Breast Self-Examination		
	Monthly or More Often	Less Often Than Monthly	Never Did BSE/ Not in Past Year 2/
Black Women			
Base: 1/	(134)	(50)	(38) 2/
Percent Asked:	100%	100%	21%
Have had personal instruction	69	56	5
Have not had personal instruction	31	44	16
Hispanic Women			
Base: 1/	(138)	(86)	(85) 3/
Percent Asked:	100%	100%	13%
Have had personal instruction	84	64	7
Have not had personal instruction	16	36	6

1/ Females in the urban black or Hispanic supplementary samples reporting a given frequency of breast self-examination.

2/ Of the 38 urban black women, only 21% responded.

3/ Of the 85 urban Hispanic women, only 13% responded.

Table F.13

Reported Frequency of Breast Self-Examination by Reported Source of Personal Instruction in the Procedure

Who taught you? 1/

(Q. 31b)

During the past year, about how often have you examined your breasts?

(Q. 32a)

	Frequency of Breast Self-Examination		
	Monthly or More Often	Less Often Than Monthly	Never Did BSE/ Not in Past Year
Base: 2/	(660)	(552)	(268)
Percent Asked:	74%	61%	20% 3/
BSE Personal Instruction Taught By:			
Doctor	64%	52%	16%
Nurse	8	8	3
Friend/family member	2	1	*
Other	3	3	2
Don't know	*	0	0

1/ Multiple responses were accepted.

2/ Females in the national probability sample reporting a given frequency of breast self-examination.

3/ Of the 268 women, only 20% responded.

Table F.14

Reported Frequency of Breast Self-Examination by Reported Source of Personal Instruction in the Procedure

Who taught you? 1/

(Q. 31b)

During the past year, about how often have you examined your breasts?

(Q. 32a)

	Frequency of Breast Self-Examination		
	Monthly or More Often	Less Often Than Monthly	Never Did BSE/ Not in Past Year
Black Women			
Base: 2/	(134)	(50)	(38)
Percent Asked:	69%	56%	5% 3/
BSE Personal Instruction Taught By:			
Doctor	54%	48%	5%
Nurse	10	6	0
Friend/family member	6	2	3
Other	2	0	0
Don't know	1	2	0
Hispanic Women			
Base: 2/	(138)	(86)	(85) 4/
Percent Asked:	84%	64%	7%
BSE Personal Instruction Taught By:			
Doctor	62%	49%	4%
Nurse	21	14	4
Friend/family member	3	3	1
Other	2	1	0
Don't know	1	0	0

1/ Multiple responses were accepted.

2/ Females in the urban black or Hispanic supplmentary samples reporting a given frequency of breast self-examination.

3/ Of the 38 urban black women, only 5% responded.

4/ Of the 85 urban Hispanic women, only 7% responded.

Table F.15

Confidence in Ability to Do BSE

How confident are you in your own ability to do Breast Self-Examination? Would you say you are ... (Asked only of those who reported having ever practiced BSE.)

(Q. 35)

		National Probability Sample
		Total Females
Base (Women who practice BSE): 1/		(1311)
Very confident	66%	24%
Somewhat confident		42
Not very confident		12
Not at all confident		4
Don't know		1

1/ The percentages for this table total up to 83% -- the proportion of women in the national probability sample who reported ever practicing BSE.

Table F.16

Confidence in Ability to Do BSE

How confident are you in your own ability to do Breast Self-Examination? Would you say you are ... (Asked only of those who reported having ever practiced BSE.)

(Q. 35)

		Supplemental Samples		
		Urban Black Females 1/		Urban Hispanic Females 2/
Base (Women who practice BSE): 1/		(195)		(239)
Very confident	61%	32%	37%	17%
Somewhat confident		29		20
Not very confident		13		18
Not at all confident		2		2
Don't know		2		*

1/ The percentages for this column total up to 77% -- the proportion of women in the urban black sample who reported ever practicing BSE.

2/ The percentages for this column total up to 57% -- the proportion of women in the urban Hispanic sample who reported ever practicing BSE.

Table F.17

Proportion Who Report Practicing BSE Monthly or More Often by Confidence in Ability to Do BSE

How confident are you in your own ability to do Breast Self-Examination? Would you say you are ...

(Q. 35)

		National Probability Sample Total Females
Base (Women who practice BSE monthly or more often): 1/		(632)
Very confident	91%	39%
Somewhat confident		52
Not very confident		7
Not at all confident		2

1/ The base for this table is all women who reported practicing BSE monthly or more often -- represented by 40% of the total number of women in the national probability sample.

Table F.18

Proportion Who Report Practicing BSE Monthly or More Often by Confidence in Ability to Do BSE

How confident are you in your own ability to do Breast Self-Examination? Would you say you are ...

(Q. 35)

		Supplemental Samples		
		Urban Black Females 1/		Urban Hispanic Females 2/
Base (Women who practice BSE monthly or more often): 1/		(134)		(138)
Very confident	88%	46%	72%	33%
Somewhat confident		42		39
Not very confident		10		26
Not at all confident		1		2

1/ The base for this column is all women who reported practicing BSE monthly or more often -- represented by 53% of the total number of women in the urban black sample.

2/ The base for this column is all women who reported practicing BSE monthly or more often -- represented by 33% of the total number of women in the urban Hispanic sample.

Table F.19

Likelihood That a Woman Will Find a Breast Lump When Examining Her Own Breasts

How likely is it that a woman with a breast lump would find it when examining her own breasts? Would you say it is ...?

(Q. 40)

		National Probability Sample		
		Total Females		Male Spouse/Partner
Base:		(1580)		(720)
Very likely	91%	40%	88%	46%
Somewhat likely		51		42
Not very likely		6		8
Not at all likely		1		1
Don't know		2		3

Table F.20

Likelihood That a Woman Will Find a Breast Lump When Examining Her Own Breasts

How likely is that a woman with a breast lump would find it when examining her own breasts? Would you say it is ...?

(Q. 40)

		Supplemental Samples		
		Urban Black Females		Urban Hispanic Females
Base:		(253)		(419)
Very likely	78%	28%	69%	34%
Somewhat likely		50		35
Not very likely		15		17
Not at all likely		3		8
Don't know		4		6

Table F.21

Likelihood That a Doctor Will Find a Breast Lump During A Routine Physical Examination

How likely is it that a doctor would find a lump or other possible symptom of breast cancer when examining someone's breasts during a routine physical examination? Would you say it is ...?

(Q. 39)

	National Probability Sample			
		Total Females		Male Spouse/Partner
Base:		(1580)		(720)
Very likely	88%	52%	79%	42%
Somewhat likely		36		37
Not very likely		10		16
Not at all likely		1		3
Don't know		1		2

Table F.22

Likelihood That A Doctor Will Find a Breast Lump During a Routine Physical Examination

How likely is it that a doctor will find a lump or other possible symptom of breast cancer when examining someone's breasts during a routine physical examination? Would you say it is ...?

(Q. 39)

		Supplemental Samples		
		Urban Black Females		Urban Hispanic Females
Base:		(253)		(419)
Very likely	78%	31%	84%	53%
Somewhat likely		47		31
Not very likely		13		10
Not at all likely		2		4
Don't know		7		2

Table F.23

Belief That Most Women Discover Breast Lumps Before Doctors

Next, I'm going to read you a list of statements. For each one, please tell me if you agree strongly, agree somewhat, disagree somewhat, or disagree strongly -- most women discover a breast lump before the doctor does.

(Q. 42b)

	National Probability Sample			
	Total Females		Male Spouse/Partner	
Base:		(1580)		(720)
Agree strongly	72%	32%	73%	36%
Agree somewhat		40		37
Disagree somewhat		19		15
Disagree strongly		5		6
Don't know		4		6

Table F.24

Belief That Most Women Discover Breast Lumps Before Doctors

Next, I'm going to read you a list of statements. For each one, please tell me if you agree strongly, agree somewhat, disagree somewhat, or disagree strongly -- most women discover a breast lump before the doctor does.

(Q. 42b)

		Supplemental Samples		
		Urban Black Females		Urban Hispanic Females
Base:		(253)		(419)
Agree strongly	61%	28%	72%	41%
Agree somewhat		33		31
Disagree somewhat		21		13
Disagree strongly		9		7
Don't know		9		8

Table F.25

Belief That Once a Breast Lump Is Found, It Is Too Late to Do Anything About It

Next, I'm going to read you a list of statements. For each one, please tell me if you agree strongly, agree somewhat, disagree somewhat, or disagree strongly -- once a woman finds a breast lump, it is usually too late to do anything about it.

(Q. 42a)

	National Probability Sample			
	Total Females		Male Spouse/Partner	
Base:		(1580)		(720)
Agree strongly	7%	2%	5%	2%
Agree somewhat		5		3
Disagree somewhat		24		22
Disagree strongly		68		70
Don't know		1		3

Table F.26

Belief That Once a Breast Lump Is Found, It Is Too Late to Do Anything About It

Next, I'm going to read you a list of statements. For each one, please tell me if you agree strongly, agree somewhat, disagree somewhat, or disagree strongly -- once a woman finds a breast lump, it is usually too late to do anything about it.

(Q. 42a)

	Supplemental Samples			
		Urban Black Females		Urban Hispanic Females
Base:		(253)		(419)
Agree strongly	20%	6%	21%	10%
Agree somewhat		14		11
Disagree somewhat		28		32
Disagree strongly		49		42
Don't know		3		5

Table F.27

Husband/Partner Has Helped With BSE

Has your husband/partner ever helped examine your breasts for signs of cancer?

(Q. 36)

	National Probabilty Sample	
	Total Females	Male Spouse/Partner 1/
Base:	(986) 2/	(720)
Husband/partner has helped with BSE	9%	17%

1/ Men were asked if they have ever helped their wives/partners examine their breasts for signs of cancer.

2/ The base for this column is all women who have partners and who practice BSE.

Table F.28

Husband/Partner Has Helped With BSE

Has your husband/partner ever helped examine your breasts for signs of cancer?

(Q. 36)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base (Urban women who have partners and who practice BSE):	(81)	(163)
Husband/partner has helped with BSE	9%	9%

Table F.29

Feelings About Assistance of Husband/Partner With BSE

How would you feel about having your husband/partner learn the proper techniques to help you examine your breasts?

(Q. 37a)

	National Probability Sample Total Females
Base (Women who have partners and who practice BSE):	(986)
Feelings about husbands/partners learning proper BSE techniques	
Positive	34%
Neutral	27
Negative	29
Other/don't know	10

Table F.30

Feelings About Assistance of Husband/Partner With BSE

How would you feel about having your husband/partner learn the proper techniques to help you examine your breasts?

(Q. 37a)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base (Urban women who have partners and who practice BSE):	(101)	(259)
Feelings about husbands/ partners learning proper BSE techniques		
Positive	45%	33%
Neutral	11	11
Negative	29	33
Other/don't know	15	23

Table F.31

Confidence in Husband's/Partner's Ability to do BSE

If he knew the proper techniques to help you examine your breasts, how confident would you be in his ability to help examine your breasts? Would you be ...?

(Q. 37b)

		National Probability Sample
		Total Females
Base (Women who have partners and who practice BSE):		(986)
Confidence in husband's/partner's ability to do BSE		
Very confident	72%	38%
Somewhat confident		34
Not confident		23
Don't know		5

Table F.32

Confidence in Husband's/Partner's Ability to do BSE

If he knew the proper techniques to help you examine your breasts, how confident would you be in his ability to help examine your breasts? Would you be ...?

(Q. 37b)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base (Urban women who have partners and who practice BSE):	(101)	(259)
Confidence in husband's/partner's ability to do BSE		
Very confident	39%	33%
Somewhat confident	26	25
Not confident	27	30
Don't know	8	12

Table F.33

Male Partner's Willingness to Learn BSE Techniques

Would you like to learn the proper techniques to help your wife (partner) examine her breasts? Would you say you ...?

(Q. 34)

		Male Spouse/Partner
Base: 1/		(598)
Definitely would	63%	28%
Probably would		35
Probably would not	37%	17
Definitely would not want to learn		12
Don't know		8

1/ Asked only of those who have never heard of BSE or have never helped wife/partner do BSE.

Table F.34

How do you think your wife (partner) (feels) (would feel) about the idea of your helping her to examine her breasts? (Asked of all respondents except those who do not think it is a good idea for wife/partner to examine breasts.)

(Q. 36)

		Male Spouse/Partner
Base:		(706)
Very positive	47%	23%
Positive		24
Neutral		24
Negative	13%	7
Very negative		6

Table F.35

Practice of Breast Self-Examination by Education of Respondent

Have you ever done Breast Self-Examination? 1/

(Q. 27)

	High School Incomplete	High School Complete	Some College or More
Base: (Total National Probability Females) 2/	(388)	(598)	(593)
Proportion who practice Breast Self-Examination	72%	82%	89%
Proportion who do not practice Breast Self-Examination	15	15	9

1/ The question was asked only of those who are aware of Breast Self-Examination; therefore, the percentages do not total 100%.

2/ One respondent did not report her level of education.

Table F.36

Practice of Breast Self-Examination by Household Income of Respondent

Have you ever done Breast Self-Examination? 1/

(Q. 27)

	Under $7,500	$7,500-$14,999	$15,000-$24,999	$25,000 and Over
Base: (Total National Probability Females) 2/	(301)	(359)	(476)	(289)
Proportion who practice Breast Self-Examination	74%	83%	88%	91%
Proportion who do not practice Breast Self-Examination	16	13	11	7

1/ The question was asked only of those who are aware of Breast Self-Examination; therefore, the percentages do not total 100%.

2/ A total of 155 respondents did not report household income.

Table F.37

Awareness of Steps Used in Breast Self-Examination

To the best of your knowledge, if a woman wanted to examine her breasts herself for possible signs of breast cancer, what are all the different things she should do? First, are there any special ways she should position herself? What would she look or feel for? 1/

(Q. 15a-b)

	Aware of BSE	
	Has Practiced	Never Practiced
Position to Assume		
Don't know	17%	43%
No special position	5	10
TOTAL UNINFORMED	22	53
Lie down	42	24
Lie down, raise arms	13	4
Lie down and stand up	4	2
TOTAL LIE DOWN	59	30
Raise, hold arm up	7	4
Lie down, raise arms	13	4
TOTAL RAISE ARMS	20	8
Sitting	10	11
Standing	8	2
Look in mirror	10	7

1/ Data obtained from the 1973 American Cancer Society report.

Table F.38

Practice of Breast Self-Examination

To the best of your knowledge, if a woman wanted to examine her breasts herself for possible signs of breast cancer, what are all the different things she should do? How would she go about doing this? 1/

(Q. 15c)

	Aware of BSE	
	Has Practiced	Never Practiced
How Would Go About Examination		
Don't know	8%	32%
By feeling	36	25
Feel with hands	11	13
	47	38
Feel with fingers, fingertips	17	13
Press, poke, knead	15	12
	32	25
Fingers in circular motion	11	5
Manipulate breast	2	1
Light, rubbing motion	1	1
Feel nipple	--	--
Look at breast	2	3

1/ Data obtained from the 1973 American Cancer Society report.

G. ATTITUDES INFLUENCING DECISIONS RELATED TO TREATMENT OF BREAST CANCER

HYPOTHESES PERTAINING TO FACTORS INFLUENCING DECISIONS RELATED TO TREATMENT OF BREAST CANCER

- Women who feel personal responsibility for their own well-being and take an active role in their health care are more likely to practice BSE than those who don't.
- Women who have a high level of confidence in a doctor's ability to detect, diagnose, and to treat breast cancer practice BSE more frequently than those who don't.
- Women who have positive attitudes toward breast cancer are more likely to practice BSE and seek prompt medical treatment for breast-related problems.

ATTITUDES INFLUENCING DECISIONS FOR TREATMENT OF BREAST CANCER

There is almost universal agreement among respondents that progress in the treatment of breast cancer has been made in the past ten years. In fact, most of the general population (64%) agreed strongly that much progress has been made in this period. Nevertheless, individuals expressed the desire to participate, if the time came, in the decisions regarding the treatments and therapies they might receive (Table G.1). This is indicated by the finding that only three in ten among the national probability women agreed with the statement that the decision for breast removal should be left entirely to the doctor. On the other hand, although women indicated a desire to participate in decisions regarding their treatments, very few (10%) said they would not allow their breasts to be removed if cancer were found.

Much of the need for participation in decision making may be influenced by the fact that many women believe that doctors sometimes remove women's breasts unnecessarily. Sixty-three percent among the general female population expressed the opinion that unnecessary breast surgery is sometimes performed.

Almost all respondents stated that they would obtain the opinion of a second physician before having breast surgery. Associated with this, most said they would like someone close to help make these important decisions. However, about one in five said she felt strongly that she, herself, will be the one who finally will make the determination regarding the type and extent of the medical treatment procedures employed.

The men interviewed agreed that they would like to help their wives/partners make the decision about having a breast removed.

Women in the supplemental urban samples were as likely as women in the general population to report that much progress has been made in the treatment of breast cancer in recent years (Table G.2).

Of all respondents interviewed, women in the urban Hispanic sample expressed the greatest trust in their physicians and the most confidence in their doctors' decisions regarding their treatments. As many as 40% of these Hispanic women (more than twice the proportion of women in the general population) were in strong agreement that the decision for breast removal should be made entirely by the doctor. Additionally, these women more strongly disagreed that doctors sometimes remove women's breasts unnecessarily -- 37%, compared to only 13% to 15% in any other sample group -- indicating the implicit confidence they have in their physicians.

Of all female groups surveyed, Hispanic women believed most strongly that they would want their husbands/partners or someone close to help them make the decision regarding breast removal.

Attitudes Regarding Prior Consent for Mastectomy

Although it is commonly believed by the respondents that prior to an operation to find out if a lump is malignant a woman must give permission for breast removal should the lump be cancerous, opinions are clearly divided as to respondents' preferences regarding such permission.

Sixty-three percent of national probability females expressed the belief that prior permission for breast removal is a requirement; however, only 41% said they would prefer to give such permission, even if the lump turned out to be cancer (Tables G.3 and G.5). Men were even less likely than their wives/partners to desire that prior consent be given.

A slight shifting of women's attitudes on this issue is evident since the American Cancer Society study conducted in 1973. At that time, slightly fewer than half of the women surveyed (48%) said that when exploratory breast surgery is being performed women "should be required to sign a consent form for the doctor to immediately remove the breast if he feels it is necessary." Almost as many (45%) said this should "wait until the doctor has discussed his diagnosis with her." 1/

1/ Data obtained from the 1973 American Cancer Society survey report.

DEMOGRAPHIC TRENDS IN DECISIONS RELATED TO TREATMENT OF BREAST CANCER

Education

The better educated a woman is, the less likely she is to say she would trust the decision regarding breast removal to her doctor. Women who did not finish high school were more than twice as likely as those who attended college to say the decision should be made by the doctor (47% vs. 22%). In addition, better-educated women were much more likely than less-educated women to agree that doctors sometimes remove breasts unnecessarily (71% vs. 47%). These attitudes seem to contribute to the fact that 51% of women who did not graduate from high school said they would give prior consent for breast removal before undergoing exploratory surgery, while only 38% of the college attendees said they would do likewise.

Income

Income subgroups tended to show the same patterns as those for education. Upper-income women were less likely than lower-income women to agree that the doctor should be entrusted with the breast removal decision and were more likely to agree that unnecessary breast removal sometimes occurs.

Age

Women aged 50 and over were more than twice as likely as those in the 18 to 34 age group to agree that the doctor should make the decision about whether or not a breast should be removed. A majority of these older women said they would give their doctors consent to remove their breasts prior to surgery, while most women under 50 would prefer to wait until after the surgery to explore any further alternative treatments.

Eighty-one percent of the women in the 18 to 34 age group said they would want their husbands/partners or someone else close to help them make a decision about having a breast removed, while fewer than 70% of women over that age expressed the same sentiment.

Marital Status

Widows emerged as a group which placed more faith in the judgment of their doctors than did other women. They were more likely to agree that the doctor should make the decision regarding breast removal and were more likely to say that they would give prior consent for breast removal. As might be expected, widows and divorcees were significantly less likely than either married or single women to say that they would want the help of someone close -- such as a husband or partner -- in making a decision regarding breast removal.

Race

More black women than white women interviewed in the national probability sample believed that the decision for breast removal should be made entirely by the doctor (42%, compared to 30% among white women). Coinciding with this, black women were less likely than white women to believe that doctors sometimes remove women's breasts unnecessarily (40%, compared to 64% among whites). More than a fourth (27%) of black women, however, were unable to provide an opinion on this statement.

Table G.1

Attitudes Influencing Decisions for Treatment of Breast Cancer

I'm going to read a list of sentences about your own reactions to some situations. For each statement that I read, would you tell me, please, if you agree strongly, agree somewhat, disagree somewhat, or disagree strongly. The first statement is ...

(Qs. 51a-f)

	National Probability Sample			
	Total Females		Male Spouse/Partner 1/	
Base:		(1580)		(720)
Much progress has been made in treatment of breast cancer in past ten years				
Agree strongly	93%	64%	89%	58%
Agree somewhat		29		31
Disagree somewhat		2		4
Disagree strongly		2		2
Don't know		3		5
Decision for breast removal should be made entirely by doctor				
Agree strongly		17%		17%
Agree somewhat		14		20
Disagree somewhat	69%	28	63%	23
Disagree strongly		41		40
Don't know		*		*
I would not allow my breast to be removed, even if cancer were found there				
Agree strongly	10%	4%	7%	3%
Agree somewhat		6		4
Disagree somewhat		28		18
Disagree strongly		58		73
Don't know		4		2

1/ Men were asked their opinions as though their wives/partners were to develop breast cancer.

(continued)

Table G.1
(continued)

Attitudes Influencing Decisions for Treatment of Breast Cancer

	National Probability Sample	
	Total Females	Male Spouse/Partner 1/
Base:	(1580)	(720)
Doctors sometimes remove women's breasts unnecessarily		
Agree strongly	63% { 26%	65% { 28%
Agree somewhat	37	37
Disagree somewhat	14	15
Disagree strongly	14	13
Don't know	9	7
Would obtain a second opinion before allowing breast removal		
Agree strongly	90% { 75%	94% { 81%
Agree somewhat	15	13
Disagree somewhat	4	2
Disagree strongly	4	3
Don't know	2	1
Would want someone close to help make decision regarding breast removal		
Agree strongly	71% { 46%	89% { 61%
Agree somewhat	25	28
Disagree somewhat	9	5
Disagree strongly	19	5
Don't know	1	1

1/ Men were asked their opinions as though their wives/partners were to develop breast cancer.

Table G.2

Attitudes Influencing Decisions for Treatment of Breast Cancer

I'm going to read a list of sentences about your own reactions to some situations. For each statement that I read, would you tell me, please, if you agree strongly, agree somewhat, disagree somewhat, or disagree strongly. The first statement is ...

(Qs. 51a-f)

	Supplemental Samples			
	Urban Black Females		Urban Hispanic Females	
Base:		(253)		(419)
Much progress has been made in treatment of breast cancer in past ten years				
Agree strongly	89%	53%	87%	61%
Agree somewhat		36		26
Disagree somewhat		3		5
Disagree strongly		3		4
Don't know		5		4
Decision for breast removal should be made entirely by doctor				
Agree strongly		22%		40%
Agree somewhat		17		18
Disagree somewhat	60%	18	40%	14
Disagree strongly		42		26
Don't know		1		2
I would not allow my breast to be removed, even if cancer were found there				
Agree strongly	15%	4%	19%	11%
Agree somewhat		11		8
Disagree somewhat		19		13
Disagree strongly		58		63
Don't know		8		5

(continued)

Table G.2
(continued)

Attitudes Influencing Decisions for Treatment of Breast Cancer

	Supplemental Samples			
	Urban Black Females		Urban Hispanic Females	
Base:		(253)		(419)
Doctors sometimes remove women's breasts unnecessarily				
Agree strongly	56%	28%	34%	18%
Agree somewhat		28		16
Disagree somewhat		13		16
Disagree strongly		15		37
Don't know		16		13
Would obtain a second opinion before allowing breast removal				
Agree strongly	90%	78%	96%	82%
Agree somewhat		12		14
Disagree somewhat		2		1
Disagree strongly		4		3
Don't know		4		*
Would want someone close to help make decision regarding breast removal				
Agree strongly	64%	38%	81%	68%
Agree somewhat		26		13
Disagree somewhat		6		2
Disagree strongly		26		14
Don't know		4		3

Table G.3

Must Doctor Be Given Permission to Remove Breast Prior to Operation?

> *If a woman has a lump in her breast, the doctor may recommend that she have an operation to find out if the lump is cancer. From what you know, is she required, before the operation, to give the doctor permission to go ahead and remove her breast if the lump turns out to be cancer.*

(Q. 22)

	National Probability Sample	
	Total Females	Male Spouse/Partner 1/
Base:	(1580)	(720)
Yes	63%	56%
No	24	27
Don't know	13	17

1/ Men were asked as though their wives/partners had an operation for a breast lump.

Table G.4

Must Doctor Be Given Permission to Remove Breast Prior to Operation?

If a woman has a lump in her breast, the doctor may recommend that she have an operation to find out if the lump is cancer. From what you know, is she required, before the operation, to give the doctor permission to go ahead and remove her breast if the lump turns out to be cancer?

(Q. 22)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base:	(253)	(419)
Yes	58%	66%
No	28	25
Don't know	14	9

Table G.5

Preference Regarding Prior Consent for Breast Removal

If you had a lump in your breast and the doctor recommended an operation to find out if it was cancer, which would you rather do?

(Q. 23)

	National Probability Sample	
	Total Females	Male Spouse/Partner 1/
Base:	(1580)	(720)
Prefer to give prior permission for breast removal	41%	34%
Prefer to wait and then discuss possible treatments	55	60
Don't know	4	6

1/ Men were asked their preferences as though their wives/partners had an operation for a breast lump.

Table G.6

Preference Regarding Prior Consent for Breast Removal

If you had a lump in your breast and the doctor recommended an operation to find out if it was cancer, which would you rather do?

(Q. 23)

	Supplemental Samples	
	Urban Black Females	Urban Hispanic Females
Base:	(253)	(419)
Prefer to give prior permission for breast removal	46%	42%
Prefer to wait and then discuss possible treatments	48	52
Don't know	6	6

APPENDIX I

BACKGROUND AND STUDY DESIGN

BACKGROUND AND STUDY DESIGN

Findings in this report are based on personal, in-depth interviews among a nationwide sample of women, the husbands or partners of some of these women, and additional supplemental samples of urban black and Hispanic women. The study was conducted in three stages.

STAGE 1

Stage 1, conducted under a separate contract by Porter, Novelli and Associates, Inc. (a company working under contract with the National Cancer Institute, Office of Cancer Communications), consisted of a preliminary qualitative investigation culminating in the development of the preliminary survey instruments to be used in the national study. The specific objectives of Stage 1 were to:

- Probe awareness, attitudes, and practices relative to breast cancer to be covered in the later implementation of the quantitative survey;
- Identify health consumer language for questionnaire development; and
- Develop hypotheses to be researched in the quantitative survey.

Qualitative Research Among White and Black Populations

Under a contract with Porter, Novelli and Associates, Inc., Market Facts, Inc., conducted the Stage 1 research among white and black populations.

Three phases of work were conducted by Market Facts:

- A series of focused group sessions;
- In-depth semistructured interviews; and
- Pretest interviews using a questionnaire developed from the findings of the focus group and in-depth semistructured interviews.

The research was begun in July 1978 and was completed in February 1979.

Focus Group Sessions

A total of ten focused group sessions, each with eight to ten participants, were conducted in geographically dispersed locations. The group members represented a range in age and socioeconomic status.

The groups were divided by race and sex of participants. Four groups were conducted with black participants and six with white participants. Two groups consisted of women only. Four groups of partnered women and four groups of partnered men were conducted. Couples (either married or cohabiting) were recruited for these groups. Health care professionals and breast cancer patients were not eligible to participate.

These couples were separated when they arrived at the location where the sessions were conducted. Thus, discussions of the group of women and the group of their partners were conducted simultaneously.

For all the groups, moderators were matched to participants by race and sex.

Following is a listing of the group sites and composition:

Pennyan, New York --	Two groups -- one of white females, one of their husbands/partners
New York, New York --	Two groups -- one of black females, one of their husbands/partners
Chicago, Illinois --	Two groups -- one of white females, one of their husbands/partners
Albany, Georgia --	Two groups -- one of black females, one of their husbands/partners
Los Angeles, California --	One group of white females
San Marcos, Texas --	One group of white females

In-depth Interviews

Based on information from the focused groups, a questionnaire was developed and used to conduct 70 personal semistructured interviews. The interviews, averaging one hour in length, were conducted in homes of respondents living in the same cities in which the focused group discussions were held. All interviewers were female.

Respondents included ten single women and 60 married or cohabiting couples (n=30 males, 30 females). Males and females were recruited as couples, but interviewed individually. The sample included 20 white couples, ten black couples, five single white females, and five single black females.

Women between the ages of 18 and 70 were eligible to be interviewed. Persons employed in health care or medical professions were not eligible to be interviewed.

Development and Pilot Test of Survey Instrument

Analysis of the findings of in-depth interviews and trends from the focused groups led to the development of three structured questionnaires covering all major issues identified. One questionnaire was developed for women with partners, one for their partners, and one for single women.

The questionnaire was then pretested in 40 personal interviews conducted in respondents' homes in Albany, Georgia and Los Angeles, California.

People over age 18, with the exception of those who had breast cancer, were eligible to be interviewed. Appointments were set up by telephone for a convenient time for the respondent to be interviewed.

All respondents were interviewed individually by female interviewers. Approximately one-third of the respondents were black.

Based on the responses of the 40 interviews, revisions were made in the questionnaires.

Qualitative Research Among Hispanics

A separate phase of qualitative research was conducted among Hispanics to:

- Determine special areas of concern about breast cancer among Hispanics which differ from concerns of white and black populations; and to
- Test the questionnaire for language differences between Spanish and English and between regional variations in Spanish.

Final Analysis, Inc., conducted this phase of the project. They translated the Market Facts questionnaires into Spanish, conducted interviews in Spanish or English based on the preferences of the respondent, and made revisions in the questionnaires.

A total of 30 interviews were conducted in New York, New York; Miami, Florida; and Fort Worth, Texas to determine dialect and attitudinal differences among Cuban, Puerto Rican, and Mexican Hispanics, respectively.

Respondents were all over age 18; women who had breast cancer and people employed in health care were excluded from the sample. Nine couples were recruited as a unit and were interviewed separately; 12 single women were interviewed. Of the 30 interviews conducted, 16 were conducted in Spanish and translated into English. Interviewing was conducted between June 4 and June 12, 1979.

Based on the analysis of these interviews, the questionnaire was revised and again pretested among two single women, two partnered women, and their male partners.

STAGE II

Iterative Procedure

Final versions of the questionnaires for women with partners, their male partners, and single women were submitted to Opinion Research Corporation (ORC) for review and formatting changes prior to fielding.

To shorten interviewing time and avoid costly internal coding efforts, an iterative task was introduced by ORC to reduce the number of open-ended questions (34 in total) by establishing precoded response categories.

The implementation of the iterative procedure involved preparing two short questionnaires for telephone interviews. Each questionnaire contained about half of the total open-ended questions from the Market Facts questionnaire. One hundred and two interviews were completed, approximately half with each questionnaire form. For simplicity, the sample was limited to married women only. Interviews were distributed across 11 states nationwide. Telephone numbers were selected at random from more than one telephone directory in each state.

No callbacks were made. Contacts with 173 married women were made -- 46 (27%) refused to start the interview, another 12% discontinued during the interview, and 2% were unable to participate because of a language barrier. Thus, the response rate among those women reached was 59%.

Altogether, there were six waves of interviewing -- three waves each for the two questionnaire forms. The first waves included only those precodes set up by Market Facts. The first revision, second wave, precoded those responses given by at least two women. The second revision, third wave, established additional precodes, using the two-mention rule for inclusion.

Completion of the iterative process led to closure on 99% of the open-ended questions.

Literature Search

In preparation for the decision to conduct interviews in the full-scale quantitative survey by telephone or in person, ORC conducted a literature search and prepared a bibliography on telephone and personal interviewing methodologies. A simultaneous search of unpublished literature on the subject was pursued by NCI.

Initially the search concentrated on the comparison of telephone vs. face-to-face interviewing, and later focused on issues associated with the particular methodologies, specifically telephone interviewing. These issues included sample design considerations (particularly for subsamples of minority women), effect of advance letters to increase response rate, and structuring and sequencing of questions in the instrument.

Based on the review of the two interviewing modes, it was decided that the telephone methodology would not be appropriate for the design of the full-scale study, nor would it be desirable to utilize the approach during the Stage II pilot study.

Incentives

It was originally proposed that a test of the effectiveness of the use of monetary incentives on response rate and respondent cooperation would be implemented during the Stage II pilot study. Considering, however, that the value of incentives is fairly well known, a decision was made to eliminate this experiment. All respondents were offered $5.00 for their participation in the survey.

The interim quantitative phase of the study consisted of an actual field test of survey procedures and instruments. The specific objectives of this pilot study were as follows:

- Evaluate the suitability of the method of collecting the data, number of callbacks required, use of women interviewers in interviews with men, adequacy of incentives for respondents;
- Determine the expected response rate;
- Test the questionnaire in layout, ease of administration, ability to communicate with various demographic groups;
- Evaluate efficiency of interviewer instructions and training methods;
- Establish appropriate precoded answer categories for open-ended questions; and
- Establish the variables to be used in data analysis.

The purpose of data analysis of this interim quantitative phase was primarily threefold:

- Provide the opportunity to examine marginal results prior to conducting the full-scale quantitative survey;
- Permit data reduction; and
- Determine the appropriate demographic and other factors to be used for data analysis in the subsequent full-scale quantitative survey.

The following is a summary of Stage II methodology. A complete report entitled "Results of Interim Quantitative Phase II Pilot Test," dated August 25, 1979, was prepared for the National Cancer Institute by Opinion Research Corporation at the conclusion of the Stage II portion of the study.

Stage II Sample Plan

In this pilot study, the concept of sampling was used in the broadest sense, providing a purposive spread of experience rather than scientific accuracy.

The basic sample was designed to yield 200 interviews with adult women, representative of adult women nationwide, and 80 interviews with husbands/partners of these women. Among the 200 interviews with women, we expected to obtain 20 with black women. The design called for supplementing these black women with 30 additional interviews, to provide approximately 50 interviews with black women.

A supplementary sample of interviews with women of Hispanic origin and a pretest of the Spanish language version of the questionnaire were not included in the Stage II pilot study.

Eight Primary Sampling Units (PSU's) (counties) were selected systematically from ORC's master national probability sample. Within each location, five starting points were selected, each to yield an average of five interviews, for the desired total of 200 completed interviews.

In four of the five starting points, the interviewer was instructed to interview the husband/partner whenever there was such a person. It was estimated that 62% of the women would have a husband/partner present. In the fifth starting point, women only were interviewed, even if a husband/partner was present.

Up to three callbacks were made in order to contact or complete an interview with a female and, where appropriate, a male respondent.

For each starting point, interviewers were instructed to list eight housing units. If the group of eight housing units yielded one or more interviews with black women, the instructions directed the interviewer to obtain two additional interviews with black women for each original interview obtained. This was to be accomplished by having the interviewer list up to 16 additional housing units beyond the original eight units. This method, it was hoped, would yield the required number of additional interviews among black women.

Interviewing Period and Results

Stage II interviews were conducted during the period May 4th to June 2, 1979. Altogether, 412 interviews were completed, distributed as follows:

	Number of Interviews
Women with husbands/partners	158
Single women	57
Supplementary sample of black women	112
Husbands/partners	85
Total	412

Note in the table above that 112 interviews were obtained for the supplementary sample of black women, instead of the originally estimated 30 interviews. In the implementation of the sample plan, the starting point neighborhoods in the eight PSU's from the ORC master sample were, by chance, predominantly white; therefore, the supplementation plan did not provide the necessary black interviews. Additional starting point neighborhoods were then selected purposively, based on known racial characteristics. The yield of black women this time was greater than expected.

The results of Stage II field interviewing are shown below:

Results of Field Interviewing

Total No. of Eligibles	Completed Interviews		Refused Interviews		Respondent Not at Home	
#	#	%	#	%	#	%
536	327	(61)	123	(23)	86	(16)

Distribution of Interviews by Call on Which Completed

1st call	2nd call	3rd call	4th call
34%	27%	21%	18%

On average, the length of time to administer the interview was 50 minutes. All respondents were paid $5.00 for their participation.

Stage II Data Analysis

A bivariate analysis, factor analysis, and discriminant function analysis were performed for pilot test data. These results were presented to NCI in computer printout form. Based on these results, an analysis plan for the full-scale quantitative phase of the study was developed.

Revisions Generated by the Stage II Experience

Based on the field testing experience of the Stage II pilot study, the following methodological revisions were made:

(1) For Stage III, interviewers would attempt to obtain interviews with the husbands or partners of female respondents for all households in which there was such a person.

(2) Concern that the interview response rate was lower than desired (61%) led to a decision to increase the number of callbacks for the Stage III phase of interviewing. A total of five calls would now be made at each household in order to contact and complete interviews with female respondents and their husbands/partners, where applicable.

Additionally, several recommendations for increasing respondent cooperation were discussed and implemented for use during Stage III field work. These are discussed in detail in the Stage III section of this Appendix.

(3) It was determined that the supplementation plan for augmenting the sample of black women, as implemented in the pilot study, was not adequate to reliably provide the necessary number of black interviews. The plan was, therefore, revised for the Stage III portion of the study. This revised plan would also be applied for the Stage III supplementary sample of Hispanic women. A description of the revised plan for the supplementary samples can be found in the Stage III section of this Appendix.

After careful review of Stage II survey results, questions which did not provide meaningful data were eliminated from the survey instrument. Minor revisions and refinements were made to the remaining questions, where appropriate.

STAGE III

Definition of the Universe

The primary population in this study consisted of a national probability sample of women, 18 years of age and older, living in households in the coterminous United States. A screening procedure identified women who have had breast cancer, who were then excluded from the survey. A secondary sample is comprised of the husbands or partners of the national probability sample of female respondents.

As a national probability sample is expected to yield only a limited number of respondents of black or Hispanic origin, special purposive samples were developed to augment interviews among women in these two target populations.

A description of the ORC master sample used for the national probability sample of females and their husbands/partners appears below. This is followed by a description of the sample plans for the supplementary populations.

Description of the ORC Master Sample

The sample used for the primary population in this study is based on the ORC master sample, which is a probability sample design, prepared in consultation with J. Stevens Stock of Marketmath, Inc., and modified and updated by ORC.

The essential characteristic of probability sampling is that, for each person in the population under study, the probability that he/she will be included in the sample is greater than zero and can be specified. This means that the degree of reliability of any finding from a study based on a probability sample can be estimated mathematically.

The ORC master sample consists of 360 counties in the coterminous United States. This master sample of 360 counties comprises, in fact, six subsamples (blocks) of 60 counties each. Each of these subsamples is, itself, a national probability sample. Depending on the needs of any particular study, the master sample can be used as a whole, or any combination of the six subsamples can be used. Three subsamples were selected for use in this study.

To construct the sample, all 3,070 U.S. counties were grouped into areas designated by the U.S. Office of Business Economics. These 171 area groupings were then arranged in geographical order from North and East to South and West. Within these geographical areas, counties were arranged by descending population. Three hundred sixty counties were then chosen at random by systematic sampling to fit the above criteria. In the selection process, some counties, because of their size, relative to the sampling fraction used, were "hit" more than once. Thus, some counties are included in a block more than once, depending upon the number of hits.

The next step in the sampling design was to select an area from each of the 360 counties in the master sample. Again, a probability sampling method was used to select, within each county, a minor civil division as defined by the Bureau of the Census. A minor civil division may be a town, township, city, or part of a city. The probability that any particular minor civil division was selected in a county was proportional to the population of that minor civil division. Thus, the larger a minor civil division, the greater the likelihood of its being selected. The minor civil division, then, is the primary sampling unit (PSU).

Once the PSU has been selected, the next step is the determination of those households where interviewing is to take place. Under the ORC National Probability Sample procedure, any current listing of household locations, even if incomplete, constitutes the first stage of the sampling plan. From this list of households, one or more addresses are chosen at random. Each of these addresses defines a "starting indicator" or place at which the interviewer begins following a pre-established site selection procedure. The interviews in a cluster or "neighborhood" do not begin at the starting indicator, but at the adjacent household, which may or may not be listed in the original directory. Thus, the directory does not define the universe of households in a PSU; rather, it lists a source of households adjacent to possible households for beginning the interviews within the clusters. Depending on the number of households to contact in each cluster, the number of clusters chosen, and the criteria for being included in the original directory, every household in the PSU has a known, or knowable, probability of being included in the ORC sample.

Because they are the most up to date and complete listing of household addresses that we know of, telephone directories are the source used to determine interviewing starting points. Moreover, since the telephone directories are used merely to locate neighborhoods, whether they are old and established or brand new, the resulting sample in no way is a sample of telephone households. Actually, the sample will contain households with and without telephones and with and without numbers listed in the telephone directories used.

Once all interviews are completed, weighting procedures are employed to ensure that the sample properly represents the population from which it was drawn.

This sampling procedure is rigorous in concept and practice and allows for the exact determination of the statistical precision of any finding.

Sample Plan for the National Probability Sample of Females and Their Husbands/Partners

The female respondents comprising the primary population for this study were selected as follows:

(1) Three subsamples (blocks) were selected from the ORC master sample. Each of these blocks is, itself, a national probability sample. Each block consists of 60 primary sampling units (PSU's) for a total of 180 PSU's.

(2) One interviewing starting place was chosen at random for each of the 180 locations. Interviewers listed the housing unit adjacent to the starting point address and, following a prescribed route, listed the addresses of the next 14 housing units, for a cluster of 15 housing units per location.

(3) Interviewers contacted the first household in the cluster to determine its eligibility for the study, then continued work through the cluster (following the prescribed route) until all assigned households had been screened.

(4) Where there was more than one eligible woman in a household, a pre-established, random selection procedure was used to identify which woman was to be interviewed. Thus, every eligible female within a household had an equal chance to be interviewed. The interviewer is not permitted to make any substitutions. Results are weighted, based on the probability of respondent selection, when the data are tabulated.

(5) Interviewers were to attempt to complete an interview with the husbands or partners of female respondents whenever there was such a person. For those households in which both the woman and her husband/partner were to be interviewed, the first interview was always conducted with the female respondent. Each interview was conducted privately in order to record each partner's individual opinions separately.

(6) Up to five calls (one initial call and four callbacks) were made in order to contact or complete an interview with the female respondent and, where appropriate, her husband or partner. When the husband/partner was present in the house at the time of the female interview, he was to be interviewed during the same call, whenever possible. Interviewers were to make callbacks for the male interview, but not beyond the fifth call. If the interview with the female was completed on a fifth call and the man was not available, no further effort was made to obtain the male interview.

Sample Plan for Supplementary Samples of Black and Hispanic Women

In order to ascertain any special differences in the attitudes, awareness, and opinions of minority women, a special supplement of personal interviews among black and Hispanic women was obtained. This was a purposive sample in which locations were specifically selected to provide areas with a high percentage of the target population.

Enumeration districts (ED's) contained in the ORC master sample were arrayed in descending order according to percent black and percent Hispanic population, based on 1970 Census figures. In order to maximize results, ED's with the greatest densities of the target populations were selected for interviewing locations, while maintaining adequate geographic dispersion in the location selection.

To determine ethnic background, respondents were shown a card which listed Black, White, Hispanic or other. The respondents were then asked to read the letter of the ethnic group which best described them.

In black locations, interviews were conducted only among black women; in Hispanic locations, only Hispanic women were interviewed. Forty-five black locations and 70 Hispanic locations were selected, to yield 250 and 400 interviews among black and Hispanic respondents, respectively.

For each location, interviewers were provided with maps of Census tracts on which a specific block group or ED had been designated. An "X" was placed within the designated block group or ED at an easily distinguishable location, such as the intersection of two named streets. This identified the interviewing starting point. Following a prescribed route, interviewers proceeded from the starting indicator and continued through the area until they had obtained six completed interviews with eligible respondents. Callbacks were not required for these supplementary samples.

Spanish Language Questionnaire

Translation of the survey instrument for use with the supplementary sample of Hispanic women was done by Final Analysis, Inc. Interviews were conducted in either language, depending upon the respondent's preference. In most Hispanic locations, a bilingual interviewer was used. Where this was not possible, a translator was retained to accompany the interviewer.

Interviewer Training and Field Procedures

Interviewers selected for work on this study were only those able to provide work of the highest quality and who were skilled in dealing with issues of a sensitive nature. It was clearly recognized that a comfortable attitude by the interviewer and expert handling of the questionnaire were essential for smooth administration of the interview. Interviewers were not aware that the subject of the questionnaire was cancer until the training session.

Each interviewer attended a thorough training session conducted by a fully qualified field supervisor. During the training session, interviewing procedures were reviewed, step by step, and field instruments were gone over in detail. A training tape, prepared in conjunction with the NCI and ORC project staff, was played at each session. The tape included introductory comments by the NCI Project Officer stressing the importance and timeliness of the study, and a demonstration of a mock interview by members of the ORC project staff. The purpose of this interview was to familiarize interviewers with correct handling of questions that could be difficult for some respondents to answer freely, and to demonstrate possible problem areas.

While listening to the mock interview, each interviewer filled out a practice questionnaire, exactly as if she/he were conducting an interview in a respondent's home. At the end of the training session, the practice questionnaires were thoroughly reviewed by the field supervisor, and any problems were discussed and resolved prior to the start of actual field work. The practice questionnaires were then sent to the ORC project office for further review by the ORC project staff.

Interview Completion Rate

Every effort was made in this important project to gain the participation and cooperation of every respondent eligible for the study. Interviewers were encouraged to aim for and achieve the highest interview completion rate possible within the scope of the survey plan.

The following field procedures were implemented to help achieve this important goal:

- Callbacks:

  Up to five calls (one initial call and four callbacks) were made in order to contact and complete an interview with a female respondent and, where appropriate, her husband/partner.

- Introductory Letter From the National Institutes of Health:

  Each respondent was presented with a letter from the National Institutes of Health describing the scope and goals of the study, encouraging participation in the interview, and ensuring respondent confidentiality. The letter included the telephone number of the Project Officer in Washington, D.C., and invited the respondent to call, toll-free, should she/he desire further information.

- "Not at Home" Letter From the ORC Project Director:

  If the respondent was not at home when the interviewer called, a letter signed by the ORC Project Director (along with the introductory letter from the National Institutes of Health) was placed in a large envelope and left at the respondent's home. The envelope was personalized with the respondent's name, whenever possible. The purpose of this letter was to describe the purpose and importance of the study, and to alert the respondent that an interviewer would be calling again within the next few days.

- Conversion of Refusals:

  In the interest of gaining the participation of every eligible respondent, a special effort was made to recontact respondents who initially refused the interview. For each initial refusal encountered by an interviewer, a special Refusal Information Form was filled out and mailed immediately to the ORC Project Director in a postage-paid, pre-addressed envelope. Based on information provided on this form, a determination was made as to whether an attempt should be made to recontact the respondent.

If determination was positive, a personalized letter signed by the ORC Project Director was sent to the respondent, emphasizing the importance of the study, encouraging participation, and alerting her that an interviewer would again be calling upon her within a few days. Simultaneously, a copy of the information was sent to the field supervisor indicating the determination and including suggestions for recontacting the respondent.

Out of 248 Refusal Forms which were received in time to enact a decision, a follow-up contact was attempted among 53 respondents. These recontacts resulted in the completion of an additional 13 interviews -- a success rate of 24.5%.

A complete summary of the results of the Refusal follow-ups is outlined below:

336	total forms received
88	received too late for action
248	"actionable" forms
195	follow-up determination negative
53	follow-up determination positive
13	follow-up resulted in completed interview

The following special aids were utilized with the aim of encouraging respondent participation and cooperation:

- Incentives:

  All respondents (both female and male) were offered $5.00 for their participation in the survey.

- Informative Pamphlet:

  All respondents, after completing the interview, were given an informative pamphlet prepared by the National Cancer Institute entitled: Progress Against Breast Cancer: What You Can Do About It.

- Request for Survey Results:

  Each respondent was given a pre-addressed, postage-paid postcard with which she/he could request from the National Cancer Institute a report of the survey results.

Informed Consent Record

All respondents who completed an interview were asked to sign an "Informed Consent Record," which states their agreement to participate in the study and their understanding that their responses would be completed confidential.

Interviewing Period and Results

Stage III interviews were conducted during the period October 17th to December 10th, 1979. The number of interviews obtained are as follows:

National probability sample of females	1580
Husbands/partners of n.p.s. females	720
Supplemental sample of black women	253
Supplemental sample of Hispanic women	419

The results of Stage III field interviewing for the national probability sample of females and their husbands/partners are shown below:

Results of Field Interviewing

	Total No. of Eligibles	Completed Interviews		Refused Interview		Respondent Not at Home		Other	
	#	#	%	#	%	#	%	#	%
Females	2,239	1,580	(71)	323	(14)	302	(13)	34	(2)
Males	1,152	720	(63)	197	(17)	173	(15)	62	(5)

Distribution of Interviews by Call on Which Completed

	1st Call	2nd Call	3rd Call	4th Call	5th Call
Females	38%	23	16	13	10
Males	21%	26	22	17	14

Statistical Reliability of the Samples

Results of all surveys based on a sample of a given universe are subject to sampling tolerances. The probable limits of such tolerances can be estimated by standard statistical methods. The sampling tolerances vary with the size of the sample and the magnitude of the percentage results.

The table on the next page shows the possible tolerances that apply to percentage results reported for the national probability sample of females (1580) and for other sample sizes. The chances are 95 in 100 that a reported result does not vary, plus or minus, by more than the indicated number of percentage points from the results that would be obtained if interviews had been conducted with all females in the defined universe.

For example, in the national probability sample of 1580 female respondents, 83% report that they have practiced breast self-examination. The chances are approximately 95 in 100 that the range -- 81% to 85% -- includes the true percentage for all women.

Size of Sample on Which Survey Is Based	Approximate Sampling Tolerances for Survey Percentages at or Near These Levels 1/ 10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
1,580	2%	2%	3%	3%	3%
1,000	2%	3%	4%	4%	4%
700	3%	4%	4%	5%	5%
500	3%	4%	5%	5%	5%
400	4%	5%	6%	6%	6%
200	5%	7%	8%	8%	9%

When making comparisons between white women in the national probability sample (1345) and black women in this same sample (160), consideration should be given to the sampling tolerances involved when comparing results of the one subgroup to the other:

Numbers of Interviews Compared	Approximate Sampling Tolerances for Survey Percentages at or Near These Levels 1/ 10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
1345 to 160	6%	8%	9%	10%	10%

1/ Based on the formula $2.45/\frac{pq}{n}$ (2.45 is the product of 1.96 and 1.25, where 1.25 is an estimated correction factor for the effects of clustering). These are 95/100 tolerance levels.

Care should be used when applying this table to results for males, as the male sample is not based on a true probability sample design. Also, as the supplemental samples of black and Hispanic women are purposive in nature, the table should be used simply as a guide to interpretation.

Weighting

Two stages of probability weighting were required in the sampling plan for this study, for unbiased and efficient estimation of population characteristics:

1. "Telephone count" weighting, according to the proportion of interviewed households with listed telephones, at each sample location (starting point). This equalizes the probabilities of selecting starting points within telephone directories.

2. "Number residing in household" weighting to represent all eligible household members, when one alone was randomly selected for the interview.

These two weighting stages are inherent in the sampling method, and are determined by the probabilities of selection at the various sampling stages.

Because of the close comparison of background characteristics with Census estimates, sample balance weighting was introduced for marital status of respondent only.

Although sample results appear to reflect a possible overrepresentation of college-educated respondents and corresponding underrepresentation among the less than high school group, our experience indicates a tendency on the part of respondents to inflate their educational status. In order to avoid the possibility of introducing bias into the sample, sample balance weighting is, therefore, not performed for this characteristic.

As the male sample is not based on a true probability sample design, and as the supplemental samples of black and Hispanic women are purposive in nature, weighting was not introduced for these respondent groups.

APPENDIX II

HYPOTHESIS TESTING

STUDY OBJECTIVES AND HYPOTHESIS TESTING

The data analysis plan in this study combines exploratory analysis with an hypothesis testing approach. Based on the literature and previous studies done on attitudes, knowledge, and practices involving breast cancer, the staff of the National Cancer Institute developed specific objectives for this study, and formulated a number of hypotheses relevant to these objectives.

Five objectives for the research were specified:

- To obtain baseline levels of public knowledge, attitudes, and reported behavior regarding breast cancer.
- To measure changes in women's knowledge, attitudes, and behavior since the 1973 American Cancer Society Survey on women's attitudes regarding breast cancer and periodic survey updates.
- To determine factors that have positive and negative influences on the practice of breast self-examination.
- To determine similarities and differences between partnered men's and women's attitudes concerning breast cancer.
- To determine the association between male responses and their partners' attitudes toward breast cancer and practice of BSE.

The proposed hypotheses address each of these broad study objectives, and help to provide specific questions that can be answered by the data collected.

PROPOSED HYPOTHESES

The proposed hypotheses address four broad areas of interest:

- Attitudes toward breast cancer
- Knowledge about breast cancer
- Practices related to breast cancer
- Relationships of attitudes and knowledge to practices relating to breast cancer

In the report, these hypotheses and the findings that emerged from the data are discussed within chapters devoted to attitudes, knowledge, practices, and their interrelationships, respectively.

Attitudes Toward Breast Cancer

- Women fear breast cancer more than any other disease.

- Women believe breast cancer is more prevalent than it actually is.

- Black and Hispanic women are more concerned about changes breast cancer will have on their lives than white women.

- Black and Hispanic men are more concerned about changes resulting from breast cancer on their lives and the lives of their partners than white men.

Knowledge About Breast Cancer

- Levels of knowledge about breast cancer prevalence, breast cancer detection and treatment, and awareness of high-risk groups has increased since the 1973 American Cancer Society Survey.

- Black and Hispanic women are less informed about breast cancer than are women in the general population.

Practices Related to Breast Cancer

- Women who are confident in their ability to do BSE learned BSE through personal instruction from a doctor or nurse.

- Women who practice breast self-examination monthly received instruction from a doctor or nurse.

- Most women who report practicing breast self-examination perform the technique incorrectly.

Relationship of Attitudes and Knowledge to Practices Relating to Breast Cancer

- Women who are confident in their ability to do BSE and to recognize a problem practice BSE more regularly than women who don't.
- Men's responses are related to women's responses toward breast cancer, and women's practice of breast self-examination.
- Women who feel personal responsibility for their own well-being and take an active role in their health care are more likely to practice BSE than those who don't.
- Women who have a high level of confidence in a doctor's ability to detect, to diagnose, and to treat breast cancer practice BSE more frequently than those who don't.
- Women who have positive attitudes toward breast cancer are more likely to practice BSE and seek prompt medical treatment for breast-related problems.
- Women with a higher level of knowledge about breast cancer are more likely to practice BSE and seek prompt medical treatment.
- Black and Hispanic women are less informed about breast cancer, report lower levels of BSE practice, and are less likely to seek prompt treatment than white women.

APPENDIX III

ANALYTIC TECHNIQUES

DISCRIMINANT FUNCTION ANALYSIS ON FREQUENCY OF BREAST SELF-EXAMINATION

The purpose of the discriminant function analysis used in this study is to predict group membership from other characteristics of the respondents themselves. Discriminant function analysis is a technique designed to identify variables that help to maximally "separate" respondents on a given criterion. In this study, there are two groups of interest:

- women who reported examining their breasts monthly or more often, and
- women who reported examining their breasts less than once a month, or not at all.

Other characteristics of the respondents thought to relate to the practice of breast self-examination were included in the discriminant function analysis in order to determine the extent to which these other characteristics help to "predict" the category in which a respondent belongs, i.e. frequent or infrequent BSE practioners. 1/

In order to obtain an accurate measure of the success of the hypothesized "causal" variables in predicting group membership, the national probability sample of women was randomly split into three parts. Two parts were used to develop the discriminant function and one part was used to evaluate the performance of the discriminant function.

From the initial list of 15 items, six were derived using a stepwise procedure:

- breast cancer is the most serious health problem women face (q. 5b)
- how concerned or worried you are about getting cancer (q. 6b)
- what are the advantages of doing breast self-examination (q. 25)
- what are the disadvantages of doing breast self-examination (q. 26)
- a doctor or nurse taught you to examine your breasts (q. 31b)
- once a woman finds a breast lump, it is usually too late to do anything about it (q. 42a)

1/ An attempt was made to find questionnaire items that represent variables hypothesized to relate to breast self-examination frequency. Appendix B contains a description of the hypotheses formulated for this study. All such hypothesized variables were entered into the discriminant function stepwise procedure. Unweighted responses were used for this analysis. The discriminant function analyses and the factor analysis were only carried out for the national probability sample of women.

The actual procedures used in this analysis are the PROC STEPWISE and PROC DISCRIM routines in the 79.2B SAS release.

The third part of the national probability sample was then analyzed in order to test the extent to which the above six variables succeeded in correctly classifying respondents as frequent or infrequent BSE practitioners. Using the discriminant function representing the above six variables resulted in a misclassification rate of 35%. Assuming that chance would have resulted in a misclassification rate of 50%, the information provided by the six variables reduced the misclassification rate by 15%. It can be said, therefore, that the frequent and infrequent BSE groups differ on the six variables, and that these variables improve the prediction of group status.

A second discriminant function analysis was then carried out, this time focusing on scaled measures tapping respondents' knowledge about breast cancer, health activities, and attitudes on the decision for breast cancer surgery. In all but one case, each of these measures were developed on the basis of a factor analysis. Scores were formed by adding together variables which loaded highly in important and easily defined factors. The exception to this is the item on a second medical opinion on breast cancer surgery. This item was chosen to represent itself, and was not part of any general factor based on at least three items. 1/

Of the six measures, two were found to significantly discriminate between frequent and infrequent BSE practitioners:

- Knowledge About Breast Cancer Detection and Treatment Scale
- General Medical Check-up Scale

The discriminant function results were then analyzed to assess the success of these two variables in correctly classifying respondents as to their frequency of breast self-examination. The discriminant function did not differ from chance in predicting which respondents were infrequent practitioners of BSE. However, there was great success in predicting which respondents were actually frequent BSE practitioners: 70% of this group were correctly identified. 2/

It may be said, on the basis of the misclassification rates, that the six questionnaire items and the two scales derived from the two discriminant function analyses exhibit modest, but significant, associations with the criterion variable -- breast self-examination frequency. It appears certain that unknown factors are left unaccounted for in the general framework provided by the hypothesized variables of interest; otherwise, the misclassification rates would have been far smaller.

1/ Refer to the section on factor analysis and scale construction for descriptions of these processes.

2/ Ordinarily, a discriminant function would be expected to predict membership in both groups (i.e., frequent vs. infrequent BSE practitioners) equally well. The most likely explanation is that this finding is the result of skewed distributions of scores on the discriminant function for the frequent and infrequent BSE practitioners. This would tend to slightly underestimate correct classification by the discriminant function for the infrequent group, and slightly overestimate the correct classification of frequent group members.

Table III.1

Questionnaire Items Hypothesized to Predict Frequent and Infrequent Breast Self-Examination

Questionnaire Item	Discriminant Function Result
breast cancer is the most serious health problem women face (q. 5b)	"Yes" → freq. BSE
how concerned or worried are you about getting cancer (q. 6b)	greater concern → freq. BSE
have you ever heard of mastectomy (q. 20a)	not significant
what are the advantages of doing breast self-examination (q. 25)	advantage(s) mentioned → freq. BSE
what are the disadvantages of doing breast self-examination (q. 26)	no disadvantage(s) mentioned → freq. BSE
a doctor or nurse taught you to examine your breasts (q. 31b)	"Yes" → freq. BSE
likelihood that doctor would find a breast lump during routine physical exam (q. 39)	not significant
likelihood that woman would find a breast lump during BSE (q. 40)	not significant
once a woman finds a breast lump, it is usually too late to do anything about it (q. 42a)	"disagree" → freq. BSE
have you personally known anyone who had breast cancer (q. 44a)	not significant
effects of breast cancer and its treatment scale (scaled measure consisting of items 48a-k)	not significant
decision about breast removal should be made entirely by my doctor (q. 51a)	not significant
even if cancer were found I would not allow breast removal (q. 51b)	not significant
doctors sometimes remove women's breasts when it isn't necessary (q. 51d)	not significant
much progress has been made in treating breast cancer in the past ten years (q. 51e)	not significant

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Table III.2

Scaled Measures Hypothesized to Predict Frequent and Infrequent Breast Self-Examination

Scale	Discriminant Function Result
effects of breast cancer and its treatment (qs. 48a-k)	not significant
knowledge about breast cancer detection and treatment (qs. 16, 17, 18b, 19, 20b, 21a)	greater knowledge ⟶ freq. BSE
general medical check-up (qs. 2, 3d, 3e)	more freq. check-ups ⟶ freq. BSE
knowledge about breast cancer high-risk groups (qs. 11b-f)	not significant
would get second doctor's opinion on breast removal (q. 51f)	not significant
misconceptions about breast cancer (qs. 12a-c)	not significant

Table III.3

Classification Accuracy of Two Scaled Measures in Predicting Frequent and Infrequent BSE Groups

		Actual Classification	
		Infrequent BSE	Frequent BSE
Classification by the Discriminant Function	Infrequent BSE	47% (439)	30% (196)
	Frequent BSE	53% (481)	70% (464)
		100% (920)	100% (660)

Table III.4

Classification Accuracy of Six Items in Predicting Frequent and Infrequent BSE Groups

		Classification by the Discriminant Function	
		Infrequent BSE	Frequent BSE
Actual Classification	Infrequent BSE	65% (208)	35% (112)
	Frequent BSE	35% (95)	65% (173)
		100% (303)	100% (285)

As stated earlier, the items and scale scores discovered to be significantly associated with breast self-examination frequency do seem to fall into the broad categories of attitudes toward breast cancer, knowledge about breast cancer, and health-related activism. It appears, as well, that such demographic factors as age, region, income, and education are also related to the practice of breast self-examination. The decision was made to exclude these demographic factors from the multivariate analyses and to focus on factors more related to a woman's motivations, rather than to her status.

It was feared that, given substantial correlations between demographic characteristics and the items representing attitudes, knowledge, and health activism, the latter items might have dropped out during the stepwise procedure. While the demographic correlates might have explained a greater proportion of the total variance, it was felt that the attitudinal measures possess greater analytic importance.

FACTOR ANALYSIS AND SCALE CONSTRUCTION

Purpose of the Factor Analysis

On the basis of the hypotheses developed by NCI staff, three broad concepts were thought to be associated with self-reported monthly or more frequent breast self-examination:

- positive attitudes toward breast cancer treatment,
- knowledge about the prevalence, detection, and treatment of breast cancer, and
- health activism.

A total of 51 questionnaire items were selected, each item representing one of these three broad concepts. The selection of items was accomplished on the basis of "face validity."

Because it was recognized that the concepts were broadly defined and could consist of various related sub-areas, it was decided to carry out a factor analysis of all 51 items. An inspection of the factor loadings of individual items could then serve to confirm that items intended to measure a common underlying factor do indeed "cohere" together. Moreover, an examination of the factors that emerged from the analysis would provide the means for identifying and labelling specific sub-areas of the three concepts.

Type of Factor Analysis Used

The factor analysis was conducted using the SAS (Statistical Analysis System) program for iterated principal axis factoring. A varimax rotation was employed.

The number of factors was found by specifying a cut-off of a 1.0 eigenvalue. Missing values were handled by pairwise deletion.

Results of the Factor Analysis

A total of 17 factors emerged. After examining these factors, it was concluded that there were five factors that could be identified, labeled, and related theoretically to breast self-examination frequency:

- Effects of breast cancer and its treatment (Factor 1)
- Knowledge about breast cancer detection and treatment (Factor 2)
- General medical check-up (Factor 3)
- Knowledge of breast cancer high-risk groups (Factor 4)
- Misconceptions about breast cancer (Factor 9)

As a result of this analysis, all three of the original concepts had to be somewhat revised.

Positive Attitudes Toward Breast Cancer Treatment

Positive attitudes toward breast cancer treatment originally included items referring to:

- progress made in treating breast cancer,
- perception of few side effects of breast cancer treatment,
- willingness to undergo breast removal if cancer were found, and
- the perception that it is not too late if breast cancer is detected.

These various items did not load together on a common factor. Moreover, it was felt that, of the factors containing any of these items, only one could be readily identified and labelled: Factor 1, which contained items relating to the perceived side effects of breast cancer treatments (see Table C.8). It was not felt, however, that this factor directly measured the concept of "positive attitudes toward breast cancer treatment." Other items either loaded with items felt to be unrelated to "positive attitudes," or formed a one-item factor (e.g. progress made in treating breast cancer).

Knowledge About Breast Cancer

Items measuring some aspect of knowledge about breast cancer appeared to cluster in three distinct factors:

- Knowledge about breast cancer detection and treatment (Factor 22)
- Knowledge of breast cancer high-risk groups (Factor 4)
- Misconceptions about breast cancer (Factor 9)

It was felt that these three factors formed sub-areas of knowledge about breast cancer that were satisfactorily delineated both theoretically and empirically.

Health Activism

Originally, it was hypothesized that women who felt personally responsible for their own health would be more likely to practice regular breast self-examination than would women who were either uninterested in their health or were inclined to let others (e.g., doctors, husbands, parents, etc.) assume that responsibility. Although there were no questions asked of women that directly referred to this attitude, it appeared that a number of questionnaire items were indirectly relevant. These latter items referred to health-related practices involving medical check-ups, exercise, and diet, as well as referring to hypothetical situations concerning decisions about breast cancer surgery.

The results of the factor analysis showed that these various items do not seem to measure one common factor. It was decided to identify only one factor in this general area of interest: Factor 3, frequency of general medical check-ups. It was not felt that this factor directly measured the concept of "health activism."

Items Included in the Factor Analyses

The questionnaire items included in the factor analysis were broadly classified into three categories:

- Health Activism Items
- Positive Attitude Items
- Knowledge Items

Questionnaire items in the three categories were recorded prior to their input into the factor analysis program. Responses of "don't know" were generally assigned the mid-point value in the range for a particular questionnaire item. All of the knowledge items and many of the items in the other two categories were dichotomized.

Table III.5

Recodes of Health Activism Items for Factor Analysis

Q.2:	0 times = 0 1 or more times = 1
Q.3a-e:	Yes = 1 No = 0 DK = 0
Q.38c:	Doctor Initiated = 0 Nurse Initiated = 0 Respondent Initiated = 1 Other = 0
Q.51a,c,f:	Agree Strongly = 1 Agree Somewhat = 2 Disagree Somewhat = 4 Disagree Strongly = 5 Don't Know = 3

Table III.6

Recodes of Positive Attitude Items for Factor Analysis

Q.25

Early Detection, If Find a Lump Will See the Doctor = 1
Self-Awareness, Know Yourself Better, Look After Own Interests, Being Concerned About Self = 1
Other = 1

None, No Advantage = 0
Don't know = 0

blanks, refusals = 0

Q.26

If Find a Lump Will Worry, Possibly Unnecessarily = 1
Not Thorough/Accurate: Women Lack Knowledge to Diagnose; Don't Know What They're Looking for = 1
Other = 1

None, No Disadvantage = 0
Don't know = 0

blanks, refusals = X

Q.29a

Definitely Would = 1
Probably Would = 1

Probably Would Not = 0
Definitely Would Not Want to Learn = 0
Don't know = 0
blanks, refusals = X

Q.42a

Agree Strongly = 1
Agree Somewhat = 2
Disagree Somewhat = 4
Disagree Strongly = 5
Don't know = 3

Q.48a-k

Extremely Concerned = 1
Quite Concerned = 2
Somewhat Concerned = 3
Not At All Concerned = 4
DK = mean value for item

Q.51b,e

Agree Strongly = 1
Agree Somewhat = 2
Disagree Somewhat = 4
Disagree Strongly = 5
Don't know = 3

Table III.7

Recodes of Knowledge Items for Factor Analysis

Q.8	One Woman Out of Every Five = 0 1 out of 15 = 1 1 out of 25 = 0 1 out of 50 = 0 1 out of 100 = 0 Don't know = 0
Q.11a	White Women More Likely = 1 Black Women More Likely = 0 No Difference = 1 Don't know = 0
Q.11b	Women Over 50 More Likely = 1 Women Under 50 More Likely = 0 No Difference = 0 Don't know = 0
Q.11c	Women Who Take Birth Control Pills More Likely = 0 Women Who Do Not Take Birth Control Pills More Likely = 0 No Difference = 1 Don't know = 0
Q.11d	Women who have their first child before age 30 more likely = 0 Women who do not have their first child before the age of 30 more likely = 1 No Difference = 0 Don't know = 0
Q.11e	Women Who Breast-feed Their Children More Likely = 0 Women Who Do Not Breast-feed Their Children More Likely = 0 No Difference = 1 Don't know = 0
Q.11f	Women Whose Mothers or Sisters Have Had Breast Cancer More Likely = 1 Women Whose Mothers or Sisters Have Not Had Breast Cancer More Likely = 0 No Difference = 0 Don't know = 0
Q.12a-c	Agree = 0 Disagree = 1 Don't know = 0

Table III.7 (Cont'd.)

Q.13

Lumps in Breast = 1
Pain/Soreness/Burning in Breast or Nipple = 1
Discharge From Nipple = 1
Discoloration in Breast = 1
Swelling or Enlargement of the Breast = 1
Changes in Breast or Nipple = 1
Other = 1
Don't know = 0

Q.14

1 or 2 = 1
3 - 10 = 0
Don't know = 0

Q.16

X-ray = 1
Mammogram, Mammography = 1
Feeling the Breast for Lumps/Manual Exam = 1
Other = 0
Don't know = 0
Biopsy = 1

Q.17

Biopsy = 1
X-rays = 1
Drain Fluid = 1
Run Tests (general) = 0
Mammogram = 1
Other = 0
Don't know = 0

Q.18b

Test for Breast Cancer = 1
Test for Cancer (Breast Not Mentioned): Form of Detecting Cancer; Exam for Cancer = 1
Test (Cancer Not Mentioned) = 1
Breast X-ray; Mammary Gland X-ray = 1
X-ray: Type of X-ray; X-ray That Can Find a Lump (Breast Not Mentioned) = 1
Other = 0
No, Don't know = 0

Q.19

Surgery, Operation, Breast Removed = 1
Mastectomy = 1
Chemotherapy, Drugs, Medication = 1
Radiation/X-ray/Cobalt = 1
Other = 0
Don't know = 0

Q.20b

Removal of Breast = 1
Operation for Breast Cancer = 1
Other = 0
Don't know = 0

Table III.7 (Cont'd.)

Q.21a	Yes, More Than One	= 1
	No	= 0
	Don't know	= 0
Q.21b	Spread of Cancer/How Bad It Is	= 1
	How Early Detected	= 1
	Woman's Preference	= 1
	Doctor's Preference	= 1
	How Long Lump Present	= 0
	Size of Lump	= 1
	Other	= 0
	Don't know	= 0
Q.42c	Agree Strongly	= 0
	Agree Somewhat	= 0
	Disagree Somewhat	= 1
	Disagree Strongly	= 1
	Don't know	= 0
Q.49	Have Surgery to Build a New Breast, Implant Operation, Breast Reconstruction	= 1
	Wear an Artificial Breast, Prosthesis	= 1
	Wear a Special Bra/Special Undergarment	= 1
	Exercises, Physical Therapy	= 1
	There Is Nothing She Can Do	= 0
	Other	= 0

Table III.8

Factors and Factor Loadings of Questionnaire Items Included in the Factor Analysis

```
----------------------------- FACTOR=1 -----------------------------
ROW
                                                    LOADING
Q48_6 BC CAN RETURN AFTER SURGERY                    0.759
Q48_1 SURGERY LEAVES CANCER BEHIND                   0.749
Q48_4 CAN DIE IN SURGERY                             0.639
Q48_2 SURGERY IS PAINFUL                             0.501
Q48_11 ILLNESS CAN HURT FAMILY                       0.385
Q48_5 LOOK UNATTRACTIVE AFTER SURGERY                0.368
Q48_8 DRUGS CAUSE HAIR TO FALL OUT                   0.341
Q48_9 RADIATION CAUSES SKIN DAMAGE                   0.328
Q48_10 SURGERY STOPS ABILITY TO WORK                 0.324
Q48_3 FRIENDS AVOID AFTER SURGERY                    0.308
Q48_7 SURGERY IS EXPENSIVE                           0.251

----------------------------- FACTOR=2 -----------------------------
ROW
                                                    LOADING
Q18B DEFINE MAMMOGRAPHY                              0.609
Q21A ALTERNATIVE MASTECTOMIES                        0.480
Q20B DEFINE MASTECTOMY                               0.475
Q17 CHECKS PERFORMED IF HAVE LUMPS                   0.440
Q19 TREATMENTS FOR BC                                0.288
Q16 CHECKS PERFORMED BY DOCTOR                       0.258
Q11_6 GET BC IF MOTHER/SISTER HAVE BC                0.255

----------------------------- FACTOR=3 -----------------------------
                  ROW                           LOADING
Q3_5 HAVE BLOOD PRESSURE CHECKED                 0.606
Q3_4 HAVE PAP SMEAR                              0.532
Q2 ONE OR MORE GENERAL CHECK-UPS                 0.528

----------------------------- FACTOR=4 -----------------------------
ROW
                                                    LOADING
Q11_4 GET BC IF HAVE CHILD AFTER 30                  0.434
Q11_2 GET BC IF OVER 50                              0.355
Q11_6 GET BC IF MOTHER/SISTER HAVE BC                0.304
Q11_3 GET BC IF TAKE PILL                           -0.350
Q11_5 GET BC IF BREAST FEED CHILD                   -0.425

----------------------------- FACTOR=5 -----------------------------
ROW
                                                    LOADING
Q51F WOULD GET SECOND OPINION                        0.403
Q51B IF HAVE BC WOULD NOT REVOVE BREAST              0.273
Q51A DECISION MADE BY DOCTOR                        -0.522

----------------------------- FACTOR=6 -----------------------------
ROW
                                                LOADING
Q29A WILL LEARN OR KNOW BSE                      0.588
Q25 AWARE OF ADVANTAGES                          0.562
Q3_3 EXAMINE BREASTS REGULARLY                   0.279

----------------------------- FACTOR=7 -----------------------------
                  ROW                           LOADING

Q13_3 SIGN OF BC IS DISCHARGE                    0.554

Q13_6 SIGN OF BC IS CHANGE                       0.352
```

Table III.8 (Cont'd.)

```
------------------------- FACTOR=8 ------------------------------------------
ROW                                              LOADING

Q48_8 DRUGS CAUSE HAIR TO FALL OUT                0.732
Q48_9 RADIATION CAUSES SKIN DAMAGE                0.653
Q48_7 SURGERY IS EXPENSIVE                        0.344
Q48_2 SURGERY IS PAINFUL                          0.316
Q48_10 SURGERY STOPS ABILITY TO WORK              0.305

------------------------- FACTOR=9 ------------------------------------------
                    ROW                          LOADING

Q12_3 FONDLING/CARESSING CAUSES BC               0.590
Q12_1 BUMPING/BRUISING CAUSES BC                 0.445
Q12_2 BC IS CONTAGIOUS                           0.441
Q20B DEFINE MASTECTOMY                           0.252

------------------------- FACTOR=10 -----------------------------------------
                    ROW                   LOADING

          Q3_2 EXERCISE REGULARLY          0.451
          Q3_1 WATCH DIET                  0.401

------------------------- FACTOR=11 -----------------------------------------
                    ROW                         LOADING

Q51E MUCH PROGRESS HAS BEEN MADE                 0.341

------------------------- FACTOR=12 -----------------------------------------
                    ROW                    LOADING

       Q13_1 SIGN OF BC IS LUMPS            0.565

------------------------- FACTOR=13 -----------------------------------------
                    ROW                    LOADING

       Q26 AWARE OF DISADVANTAGES           0.287

------------------------- FACTOR=14 -----------------------------------------
                    ROW                  LOADING

           Q11_1 GET BC IF BLACK          0.314

------------------------- FACTOR=15 -----------------------------------------
ROW                                               LOADING

Q48_11 ILLNESS CAN HURT FAMILY                     0.554
Q48_10 SURGERY STOPS ABILITY TO WORK               0.456
Q48_3 FRIENDS AVOID AFTER SURGERY                  0.254
------------------------- FACTOR=16 -----------------------------------------
                    ROW                           LOADING

  Q42A TOO LATE WHEN WOMEN FINDS LUMP              0.449
  Q42C NO BC IF LUMP IS NOT PAINFUL                0.312

------------------------- FACTOR=17 -----------------------------------------
ROW                                                LOADING

Q48_3 FRIENDS AVOID AFTER SURGERY                   0.466
Q48_5 LOOK UNATTRACTIVE AFTER SURGERY               0.372
```

Scale Construction

As a result of the factor analysis, a number of theoretically relevant factors were identified:

- Effects of breast cancer and its treatment (qs. 48a-k)
- Knowledge about breast cancer detection and treatment (qs. 16, 17, 18b, 19, 20b, 21a)
- General medical check-up (qs. 2, 3d, 3e)
- Knowledge about breast cancer high-risk groups (qs. 11b-f)
- Misconceptions about breast cancer (qs. 12a-c)

It was decided to scale these items in order to increase the reliability of measurement of the underlying concepts involved. In general, multi-item measures are more reliable than single-item indicators. 1/

Likert-type scales of the items loading highly on selected factors were constructed. Additive scale construction was chosen over factor scale construction because the data gathered is original, rather than interval, data. 2/

1/ As the number of items and the average correlation among items increase, the value of alpha (Cronbach's alpha) increases.

2/ See Tables III.5-III.7 in the preceding section for a description of the recoding of the questions used in constructing the Likert-type scales.

Construction of Non-Factor Analyzed Scales

A number of Likert-type scales were used in the analysis employing a "face validity" method, rather than a factor analysis, as the primary basis for identifying the individual questionnaire items to be included in those scales. The following scales are included in this category:

- Effects of breast cancer and its treatment (qs. 48a-k)
- Changes in activity (qs. 45a-f)
- Quality of breast self-examination (q. 34)

These three "concepts," the perceived effects of breast cancer and it treatment, the perceived changes in activity resulting from breast removal, and a description of the steps taken to conduct a breast self-examination, were all originally operationalized as questionnaire items prior to the pilot test conducted in Stage II of the study. The pilot test results for q. 48 and q. 45 were subsequently factor analyzed to confirm that the items within each question did load on the same factor. 1/

A Likert-type scaling procedure was employed for calculating a score on each of the three scales for each female respondent in the national probability sample. Table III.9 through III.11 present the coding of response categories used for calculating respondent scores. Although the raw scores were used in the multivariate analyses, these scale scores were trichotomized for the tabular analyses. 2/

1/ See Opinion Research Corporation, National Survey of Public Attitudes, Knowledge, and Practices Related to Breast Cancer: Results of Interim Quantitative Phase II Pilot Test (August 25, 1979) for a presentation of the factor analysis results for these questionnaire item responses. The responses on q. 48 and q. 45 for the full field survey in Stage III were not factor analyzed, since the Stage II results seemed to demonstrate the unidimensionality of each scale.

2/ The cutting points for trichotomization of two scales are the following:

- Changes in activity
  - Low change : 6-17
  - Medium change: 18-23
  - High change : 24-30
- Effects of breast cancer and its treatment
  - Low concern : 11-26
  - Medium concern: 27-35
  - High concern : 36-55

The third scale, Quality of BSE, was roughly quartiled: 0-1 steps, 2 steps, 3 steps, and 4-6 steps.

Table III.9

Recodes of Response Categories for Changes in Activity Scale

Q. 45 a-f

A great deal = 5
Somewhat = 4
Don't know = 3
Very little = 2
Not at all = 1

Table III.10

Recodes of Response Categories for Effects of Breast Cancer and Its Treatment Scale

Q. 48 a-k

Extremely concerned = 5
Quite concerned = 4
Don't know = 3
Somewhat concerned = 2
Not at all concerned = 1

Table III.11

Coding of Response Categories for Quality of BSE Scale

Q. 34

	Not Mentioned	Mentioned
Under arms	0	1
Upright/in shower	0	1
Lying down/lying on pillow	0	1
Arm over head/behind head	0	1
Circular motion/feel around/examine nipples	0	1
Looking	0	1

ANALYSIS OF DIFFERENCES BETWEEN FEMALES' AND THEIR HUSBANDS'/ MALE PARTNERS' ATTITUDES TOWARD BREAST CANCER

An exploratory analysis of the similarities and differences between the attitudes toward breast cancer of women and their husbands/male partners was conducted. This analysis included both a series of univariate t-tests of all comparable and theoretically meaningful items for each male/female pair of respondents, and a multivariate analysis of variance to test the overall significance of differences within all male/female pairs.

Questionnaire Items Analyzed for Differences

The main task for the proposed analysis of partners' responses to questions concerning breast cancer was to narrow the focus of this inquiry. Two criteria were employed to help select the specific questionnaire items on which women's and their husband's/male partner's responses would be compared.

- theoretical meaningfullness of the variable represented by a questionnaire item, and
- comparability of question wording and content between female and male questionnaires.

In an attempt to impart theoretical relevance to the selection of questionnaire items, reference was made to the hypotheses proposed by the National Cancer Institute. It was decided to focus on the hypotheses relating women's attitudes, knowledge, and related health practices to their practice of breast self-examination. The rationale for this focus was that a number of variables had been found, by means of a discriminant function analysis, to be related to women's practice of breast self-examination; if indeed these particular variables are associated with monthly or more frequent breast self-examination than it should be of theoretical interest whether or not women and their husbands/male partners differ on these measures of attitudes, knowledge, and health-related practices.

Two possible results of such an analysis can be expected: either women in the general population and their husbands/male partners do not appear to differ significantly on any variables of interest, or they do seem to differ on some of these variables. In the latter case, some support would be given to the thesis that there are a considerable number of "dissonant" couples in the general population, i.e., couples in which the woman holds attitudes conducive to the monthly practice of breast self-examination while the man holds contrary attitudes, or vice versa. Further research could then establish the degree to which "consonant" attitudes between partners, as opposed to "dissonant" attitudes, contribute to the actual practice of breast self-examination.

Questionnaire Items Analyzed for Differences

Initially, 15 items had been selected from the questions asked of the national probability sample of women as being theoretically related to breast self-examination frequency. These 15 items had been subsequently put into a discriminant function analysis.

These same items, then, were examined to ensure compatibility of meaning and wording between the female and male partner questionnaire forms. Of the 15 items, 11 were found to be comparable.

Table III.12
Questionnaire Items Found to be Comparable for Both the Female and Male Husband/Partner Questionnaire Forms

Female Questionnaire Item	Male Husband/Partner Questionnaire Item
5b	6b
6b	5b
20a	20a
39	39
40	40
42a	42a
48a-k 1/	48a-k 1/
51a	51a
51b	51b
51d	51d
51e	51e

1/ Female and male respondents were each assigned a score on the "effects of breast cancer and its treatment" scale, represented by items a-k on question 48.

Multivariate Analysis of Variance

The computed male/female difference scores for the 11 comparable items were then analyzed by means of a multivariate analysis of variance (MANOVA) in order to determine whether there is an overall difference between women and their husbands/male partners in their attitudes toward breast cancer.

The multivariate t-test (Hotelling's T^2) does in fact show that male/female average differences in attitudes toward breast cancer are significantly different from zero at a significance level of less than .005.

Univariate t-test Interpretations

Knowing that, overall, there is a significant difference between women and their husbands/male partners, the next step of the analysis was to determine the specific items for which differences emerged.

In order to determine the attitudes on which women and their husbands/male partners differed significantly, differences were computed on each comparable questionnaire item for each pair of respondents. To maintain an overall significance of = .05, the univariate t-tests were performed at an $\alpha = .0045$. This level of significance was estimated on the basis of the Bonferroni procedure. [1]

Significant differences exist for seven of the 11 items. It should be noted that, although the differences for the items are significant, the actual mean differences are quite small overall. Thus, it is reasonably certain that these differences exist in the population; it is not clear, however, that the differences between females and their male husbands/partners are large enough to be analytically meaningful.

Conclusions to be drawn from this finding must be tentative. It does appear that significant differences between partners do exist on a number of variables. Specifically, the univariate t-tests show that females, in relation to their husbands/male partners were more likely to:

- be concerned about getting breast cancer (q. 5b)
- have heard of the term "mastectomy" (q. 20a)
- believe that a doctor is likely to find a lump or other possible symptom of breast cancer during a routine physical examination (q. 39)
- be concerned about the effects of breast cancer treatment (q. 48a-k)

---

[1] Rupert G. Miller, Jr., Simultaneous Statistical Inference (NY: McGraw-Hill Book Co., 1966).

- disagree with the statement that the decision to remove a breast should be made entirely by a doctor (q. 51a)
- disagree with the statement that, if cancer were found, I would not allow my breast to be removed (q. 51b)
- believe that much progress has been made in treating breast cancer in the past ten years (q. 51e)

It is suggested that further research is needed to establish the theoretical importance of this finding. Perhaps the next step in such an analysis would be to examine the value of male/female differences on the above variables in predicting frequency of breast self-examination.

Table III.13

Female-Male Differences for Univariate t-tests 1/

Female Question No.	Mean Difference	t	d.f.		PR |t|	Sig. at .0045
5b	.046	1.99	719		.0465	
6b	- .257	-5.995	718	2/	.0001	*
20a	.106	6.16	719		.0001	*
39	- .296	-5.54	719		.0001	*
40	- .028	- .68	719		.4986	
42a	- .006	- .13	719		.8965	
48	-1.132	-4.05	719		.0001	*
51a	.226	3.20	719		.0015	*
51b	- .256	-5.22	719		.0001	*
51d	.090	1.39	719		.1643	
51e	- .136	-3.33	719		.0009	*

1/ Except for the recoding of "don't know" responses, the codes for all variables in this univariate t-test analysis are identical to the codes assigned response categories in the questionnaire. No recodes of missing values were employed for items 5b or 6b. For item 20a, "don't know" was recoded to "2." For items 48a-k, "don't know" responses were given the mean for that particular item. In all other items "don't know" responses were recoded as "3."

2/ One degree of freedom was lost due to a missing observation on q. 6b for one pair of respondents.

APPENDIX IV

COMPARISONS OF BLACK WOMEN IN THE NATIONAL PROBABILITY SAMPLE AND IN THE URBAN SUPPLEMENTAL SAMPLE

COMPARISONS OF BLACK WOMEN IN THE NATIONAL PROBABILITY SAMPLE AND IN THE URBAN SUPPLEMENTAL SAMPLE.

This study's main focus was on a probability sample of women in the U.S. Within the confidence intervals prescribed in Appendix I, it is possible to make inferences about women's reported attitudes, knowledge and practices concerning breast cancer to the U.S. population in general. A second objective of this survey, however, was to obtain some information for minority group women in order to better understand particular concerns that these women may have.

The only valid comparisons that can be made between black and white women are those made within the national probability sample. Given the incidence of blacks in the U.S. population, however, the proportion of black women that would appear in the national probability sample are not large enough to permit extensive expansion between blacks and whites.

The approach to this problem taken by the National Cancer Institute and Opinion Research Corporation was to obtain a purposive sample of urban black women and urban Hispanic women. While these supplemental samples cannot be meaningfully compared to the national probability sample (or, more specifically, to the subsamples of white women or black women within that national probability sample), these supplemental samples can be used to provide analytically useful information. A number of apparent differences between white women in the national probability sample and urban black and Hispanic women in the supplemental samples have emerged in the course of this survey, and it is expected that these tentative findings will lead to new hypotheses concerning differences between white and black women in their attitudes, knowledge, and practices with regard to breast cancer.

This appendix addresses possible comparisons between urban black women and black women in the national probability sample. Some responses of these two groups of respondents have been presented here, along with the responses of the white women in the national probability sample. It is important to note two caveats with respect to the tables in this appendix:

- in most cases, the number of black women in the national probability sample is too small for the differences between their responses and those of the white women to be statistically significant, and
- the comparison of the responses of the urban black women with those of the black and white women in the national probability sample are for descriptive purposes only -- reference to the statistical significance of these comparisons are inappropriate.

Comparison of the National Probability Samples With Census Data

The background characteristics of the national probability sample of white female respondents and black female respondents are compared below with the most recent Census estimates. Both unweighted and weighted results are shown for these groups.

	White Females 18 and Over			Black Females 18 and Over		
	SAMPLE			SAMPLE		
	Unwtd	Wtd	CENSUS	Unwtd	Wtd	CENSUS
Total	1343	--	--	160	--	--
Northeast	22%	22%	24% 1/	28%	28%	19% 1/
North Central	35	35	28	4	4	21
South	26	26	30	58	58	52
West	17	17	18	10	10	8
Metropolitan	71%	71%	66%* 2/	81%	81%	75%* 2/
Nonmetropolitan	29	29	34	19	19	25
White	--	--	--	--	--	--
Nonwhite	--	--	--	--	--	--
18-29	24%	24%	28% 3/	29%	31%	34% 3/
30-44	30	29	25	35	31	27
45-49	23	21	22	17	19	20
60 years or over	22	26	25	19	19	19
Less than HS complete	23%	20%	33%** 2/	41%	42%	52%** 2/
HS complete	39	37	41	31	32	30
Some college or more	38	43	26	28	26	18
HH income under $10,000	30%	32%	31% 4/	50%	58%	52% 4/
$10,000 to $14,999	14	14	17	18	15	17
$15,000 to $24,999	35	34	28	22	19	20
$25,000 and over	21	20	24	10	8	11
Married	73%	65%	62% 5/	61%	46%	37% 5/
Divorced/Separated	9	9	9	11	13	21
Widowed	10	13	13	13	17	15
Never married	8	13	16	15	24	27

---

* Only available for total population (male and female) age 18 and over.

** Only available for females age 25 and over.

1/ Statistical Abstract of the United States (100th ed.), Table 38, Resident Population by Sex and Race, 1976.

2/ Current Population Reports, Series P-20, No. 336, May 1980, Table 15, Population Profile: 1978.

3/ Current Population Reports, Series P-25, No. 870, January 1980, Table 3, Estimates of the Population of the United States, by Age, Race, and Sex: 1976-1979.

4/ Current Population Reports, Series P-60, No. 121, February 1980, Table 1, Households by Total Money Income in 1967 to 1978 and Race of Head.

5/ Current Population Reports, Series P-20, No. 349, February 1980, Table 1, Marital Status and Living Arrangements: March 1979.

Background Characteristics of Purposive Sample

	Supplemental Urban Black Females
	Unwtd
Base:	(253)
Northeast	24%
North Central	24
South	43
West	9
Metropolitan	--
Nonmetropolitan	--
White	--
Nonwhite	100%
18-29	28%
30-44	18
45-59	22
60 years or over	32
Less than HS complete	52%
HS complete	30
Some college or more	18
HH income under $10,000	76%
$10,000 to $14,999	12
$15,000 to $24,999	10
$25,000 and over	2
Married	40%
Divorced/Separated	15
Widowed	23
Never married	22
Protestant	81%
Catholic	8
Jewish	0
Other	6
None	4

HEALTH-RELATED BACKGROUND OF RESPONDENTS

General Health Background

Black women in the national probability sample and in the urban supplemental sample expressed more concern about their health than did white women.

General Health Background

How concerned or worried about your health have you been during the past month? Would you say you are ...?

(Q. 1b)

	National Probability Sample				Supplemental Sample	
		White Females		Black Females		Urban Black Females
Base:		(1346)		(160)		(253)
Very concerned	38%	12%	58%	29%	65%	37%
Somewhat concerned		26		29		28
Not very concerned		29		22		15
Not concerned at all		33		20		20

Personal History of Breast Problems

Few black women reported having medical problems with their breasts -- 14% of the black national probability women and 10% of the urban black women. There were no apparent differences in types of trouble with their breasts reported by black women in the probability sample and the urban black women.

Personal History of Breast Problems

Have you, yourself, ever had any medical problems with your breasts?

(Q.43a)

Tell me, please, what sort of trouble you had?

(Q.43b)

	National Probability Sample		Supplemental Sample
	White Females	Black Females	Urban Black Females
Base:	(1346)	(160)	(253)
Has had medical problems with breasts	19%	14%	10%
Types of trouble: 1/			
Cyst removed	4%	7%	2%
Lump removed	6	5	3
Problems associated with nursing	3	1	2
Other	6	1	3

Few, if any, differences exist between the black probability women and the urban black women in reports of discovery of medical problems with their breasts and talking about their problems.

1/ The bases for this subtable are 19% for white females, 14% for black females, and 10% for urban black females, representing all those females who have had medical problems with their breasts.

Discovery of Breast Problems

Who discovered the problem -- you, your husband (partner), or the doctor? (Asked only of those who have ever had medical problems with their breasts.)

(Q.43c)

Did you go to a doctor or clinic about the breast problem? (Asked only of those who discovered the problem themselves or whose husbands/partners discovered the problem.)

(Q. 43d)

	National Probability Sample		Supplemental Sample
	White Females	Black Females	Urban Black Females
Base:	(1346)	(160)	(253)
Who discovered the problem			
Respondent	15%	12%	7%
Husband/partner	1	0	0
Doctor	4	2	3
Went to a doctor/clinic			
Yes	15%	11%	6%
No	*	*	1

Discussion of Problem

Other than a doctor, whom did you talk to about the problem? (Asked only of those who have had medical problems with their breasts.)
(Q.43f)

	National Probability Sample		Supplemental Sample
	White Females	Black Females	Urban Black Females
Base:	(1346)	(160)	(253)
Husband/partner	11%	5%	3%
Mother	5	3	2
Other female relative	3	5	3
Female friend	3	1	2
Other	3	2	2

Acquaintance With Someone Who Has Had Breast Cancer

Only about half of the black women in the national probability sample (54%) and in the urban sample (52%) said they knew someone with breast cancer. Specific use of the terms mastectomy and chemotherapy was lower among black women in both samples than among white women.

Have you ever personally known anyone who had breast cancer?
(Q.44a)

What treatments did she (they) have for the cancer?
(Q.44c)

	National Probability Sample		Supplemental Sample
	White Females	Black Females	Urban Black Females
Base:	(1346)	(160)	(253)
Has known someone With breast cancer	76%	54%	52%
Treatment(s) received 1/			
Surgery, operation, breast removed	41%	35%	32%
Mastectomy	34	13	11
Chemotherapy, drugs, medication	14	4	4
Radiation/X-ray/cobalt	14	8	8
Other	1	*	2
Don't know	4	4	4

1/ The bases for the subtable are 76% for white females, 54% for black females, and 52% for urban black females, representing all females who have known someone with breast cancer.

PERCEPTIONS OF WOMEN'S HEALTH ISSUES

Perceptions of Women's Health Issues

Althought the vast majority of black women in the urban sample and in the national probability sample viewed cancer as the most serious health concern of women, an apparently higher proportion of white women named cancer as the most serious health problem.

Black women in both the urban sample and in the probability sample mentioned high blood pressure/hypertension as a salient medical concern.

Most Serious Health Problem Faced by Women

Now, I'd like to talk about some specific health matters confronting women. In your opinion, what is the most serious health problem women face?

(Q. 5a)

Which specific type of cancer is that?

(Q. 5b)

	National Probability Sample		Supplemental Sample
	White Females	Black Females	Urban Black Females
Base:	(1346)	(160)	(253)
Cancer 1/	78%	62%	67%
Breast	59	44	42
Uterine/cervical/vaginal	26	20	21
Cancer in general	8	6	10
Other/don't know	10	6	10
High blood pressure/ hypertension	3	25	17

1/ The bases for percentages for specific types of cancer are 78% of the 1346 white women, 62% of the 160 black women, and 67% of 253 urban black women. Multiple responses were accepted.

Perceived Risk of Personally Getting Cancer

Less than half of the black women in the national probability sample (47%) and in the urban sample (46%) viewed cancer as an illness which concerns them. One black woman in five mentioned high blood pressure/hypertension as a salient medical concern confronting women.

Disease/Illness of Greatest Personal Concern

Next, please tell me which specific diseases or illnesses worry you the most?

(Q. 6a)

What specific type of cancer worries you the most? (Asked only of those who say that cancer is the disease which worries them the most.)

(Q. 6c)

	National Probability Sample		Supplemental Sample
	White Females	Black Females	Urban Black Females
Base:	(1346)	(160)	(253)
Cancer 1/	60%	47%	46%
Breast	29%	23%	23%
Uterine/cervical/vaginal	11	11	9
Cancer in general	10	10	9
Other/don't know	15	6	6
High blood pressure/ hypertension	9	21	20
Heart trouble	18	10	12
Diabetes	9	3	9
Arthritis	6	10	14
Emotional stress/nerves	5	2	8

1/ The bases for percentages for specific types of cancer are 78% of the 1346 white women, 62% of the 160 black women, and 67% of the 253 urban black women. Multiple responses were accepted.

Black women in the national probability sample were somewhat more likely than were urban black women to believe that they would develop breast cancer (35% vs. 26%).

Perceived Risk of Personally Getting Breast Cancer

What do you think the chances are that you personally will have breast cancer some day? Do you think it is . . .?

(Q.10)

	National Probability Sample				Supplemental Sample	
		White Females		Black Females		Urban Black Females
Base:		(1346)		(160)		(253)
Very likely	33%	3%	35%	2%	26%	5%
Somewhat likely		30		33		21
Somewhat unlikely		32		30		29
Very unlikely		27		23		31

LEVELS OF KNOWLEDGE ABOUT BREAST CANCER

Sources of Recent Information

At least six women in ten (62%) in the black supplemental sample said they have seen or heard something recently on breast cancer, as compared with only 45% of the black women in the national probability sample.

Television is the primary source of information on breast cancer for all women. Urban black women were more likely to report that television is their source than were other women.

Sources and Subjects of Recent Information

Have you recently seen or heard anything about breast cancer?

(Q. 9a)

Where did you see or hear something most recently?

(Q. 9b)

Tell me about it please? (Asked only of those who have seen/heard something about breast cancer.)

(Q. 9c)

	National Probability Sample		Supplemental Sample
	White Females	Black Females	Urban Black Females
Base:	(1346)	(160)	(253)
Percent who saw/heard something recently	56%	45%	62%
SOURCE			
TV	20%	25%	36%
Magazine	13	3	7
Newspaper	8	4	6
Friends/family	16	9	14
SUBJECT			
Breast self-examination	19%	18%	21%
Someone's personal experience	20	14	18
Treatments/procedures	12	8	12
Prominent people	8	8	10

Prevalence of Breast Cancer

Less than one in five black woman in both the national probability and the supplemental samples correctly estimated the prevalence of breast cancer. More than half of the black women in both samples correctly estimated the number of breast lumps which are malignant.

Estimates of Prevalence of Breast Cancer

Which of these is closest to the number of women you think will get breast cancer at some time during their lives?

(Q. 8)

Lumps in the breast are one possible symptom of breast cancer. *Out of every ten breast lumps which occur, how many do you think turn out to be cancer?*

(Q.14)

		National Probability Sample				Supplemental Sample	
			White Females		Black Females		Urban Black Females
Base:			(1346)		(160)		(253)
Number of women who will get breast cancer							
1 in 5			16%		9%		14%
1 in 15 (1 in 11 is correct response)			27		17		19
1 in 25			21		32		24
1 in 50			19		17		17
1 in 100			11		10		15
Don't know			6		15		11
Number of lumps which are malignant							
1 in 10	Correct Response Range	61%	29%	61%	26%	56%	28%
2 in 10			18		25		16
3 in 10			14		10		12
4 in 10			6		6		8
5 in 10			20		12		16
6 or more			6		8		7
Don't know			7		13		13

Awareness of High-Risk Cancer Groups

Women in the urban supplemental sample showed lower levels of knowledge than did women in the black national probability sample. Urban black women were less likely to be aware that women with family histories of breast cancer are at higher risk of developing breast cancer and that age and the risk of breast cancer are related.

Women Most Likely to Get Breast Cancer

Next, I'd like to talk to you about who you think is most likely to get breast cancer. I will read you a list of choices. Please tell me who you think are more likely to get breast cancer.

(Qs. 11a-f)

	National Probability Sample		Supplemental Sample
	White Females	Black Females	Urban Black Females
Base:	(1346)	(160)	(253)
Mothers/sisters have had breast cancer	69%	61%	26%
Mothers/sisters have not had breast cancer	2	1	3
No difference	25	36	59
Women over 50	34%	26%	17%
Women under 50	28	14	26
No difference	35	55	52
First child before age 30	4%	10%	10%
First child after age 30	32	18	23
No difference	53	59	57
White women	16%	12%	6%
Black women	6	6	8
No difference	70	78	81
Women who take birth control pills	70%	53%	56%
Women who do not take birth control pills	1	5	2
No difference	21	32	33
Women who breast-feed	4%	6%	14%
Women who do not breast-feed	33	28	23
No difference	55	55	54

Misconceptions About the Causes of Breast Cancer

Urban black women were more likely to agree with the statement that bumping or bruising the breasts can cause breast cancer than were black women in the national probability sample (72% vs. 59%). Black women in the supplemental sample were also more likely to express the belief that fondling or caressing the breasts can cause breast cancer than were black national probability women. Slightly more urban women believed that breast cancer is contagious than did black national probability sample women.

Misconceptions About Causes of Breast Cancer

Next, I'm going to read you some statements. Please tell me if you agree or disagree with the statement.

(Qs. 12a-c)

	National Probability Sample		Supplemental Sample
	White Females	Black Females	Urban Black Females
Base:	(1346)	(160)	(253)
Bumping or bruising can cause breast cancer			
Agree	49%	59%	72%
Disagree	44	26	21
Don't know	7	15	7
Breast cancer is contagious			
Agree	2%	6%	10%
Disagree	94	90	81
Don't know	4	4	9
Fondling/caressing can cause breast cancer			
Agree	6%	14%	32%
Disagree	86	66	51
Don't know	8	20	17

Signs/Symptoms of Breast Cancer

Nearly all (95%) black women in the probability sample said that lumps in the breasts are possible signs of cancer; 81% of the urban black women expressed awareness.

Signs/Sypmtoms of Breast Cancer

What do you think are the signs or symptoms of breast cancer?

(Q.13)

	National Probability Sample		Supplemental Sample
	White Females	Black Females	Urban Black Females
Base:	(1346)	(160)	(253)
Lumps in breast	96%	95%	81%
Pain/soreness/burning	35	29	36
Discharge from nipple	23	12	12
Swelling/enlargement	12	5	13
Changes in breast/nipple	11	9	5
Don't know	1	1	9

Awareness of Diagnostic Procedures

Levels of knowledge of diagnostic procedures are lower among black women in both the national probability and the urban supplemental samples than among white women. Only 38% of black probability women and 35% of urban black women cited biopsy, as compared with 72% of white women.

Procedures Performed to Find Out If a Lump Is Cancer

If a woman has a lump in her breast, what does a doctor do to find out if it is cancer?

(Q.17)

	National Probability Sample		Supplemental Sample
	White Females	Black Females	Urban Black Females
Base:	(1346)	(160)	(253)
Biopsy	72%	38%	35%
X-ray	18	41	35
Run tests	10	21	25
Mammogram	13	3	5
Other	12	8	8
Don't know	7	9	17

Awareness of Treatments for Breast Cancer

Whereas three-fourths of the black women in the national probability sample cited surgery or breast removal, only 57% of the urban black women did so.

Treatments for Breast Cancer

After a doctor finds out that a woman actually has breast cancer, what do you think is done to treat the disease?

(Q.19)

	National Probability Sample		Supplemental Sample
	White Females	Black Females	Urban Black Females
Base:	(1346)	(160)	(253)
Surgery, operation, breast removed	75%	74%	57%
Mastectomy	17	7	9
Chemotherapy, drugs, medication	31	14	19
Radiation/X-ray/cobalt	30	24	21
Other	4	1	5
Don't know	5	7	15

Awareness of Mastectomy

Only six in ten black women in both the national probability sample and in the urban sample have heard of mastectomy, and less than half of these women correctly defined this term as removal of breast.

Awareness of Mastectomy

Have you ever heard of mastectomy?

(Q. 20a)

Can you please tell me what a mastectomy is? (Asked only of those who have heard of mastectomy.)

(Q.20b)

	National Probability Sample		Supplemental Sample
	White Females	Black Females	Urban Black Females
Base:	(1346)	(160)	(253)
Percent who have heard of mastectomy	89%	61%	60%
DEFINITION: 1/			
Removal of breast	77%	47%	40%
Operation for breast cancer	6	10	9
Other	2	1	2
Don't know	7	4	11

1/ The bases for this subtable are 89% of 1346 white females, 61% black females, and 60% of the urban black females.

Factors Determining Type of Surgical Procedure

Only about a third of the black women in both samples were aware that there is more than one kind of operation for breast cancer.

Knowledge of Operations for Breast Cancer

(Actually) (As you say), mastectomy is an operation for breast cancer. So far as you know, is there more than one kind of operation for breast cancer?

(Q.21a)

	National Probability Sample		Supplemental Sample
	White Females	Black Females	Urban Black Females
Base:	(1346)	(160)	(253)
Yes	57%	31%	36%
No	21	32	34
Don't know	22	37	30

Urban black women were somewhat less likely than were black women in the probability sample to realize that the spread of cancer is a prime consideration in determining the extent of the surgical procedures.

Factors Determining Extent of Operation

(Actually) (As you say), there are several operations, ranging from removal of lump, or removal of whole breast, to removal of breast and chest muscles. So far as you know, what determines how much will be removed in an operation for breast cancer?

(Q.21b)

	National Probability Sample		Supplemental Sample
	White Females	Black Females	Urban Black Females
Base:	(1346)	(160)	(253)
Spread of cancer	79%	74%	60%
When detected	7	14	11
Doctor's preference	14	7	7
Size of lump	12	7	10
Other	10	5	7
Don't know	7	12	23

Procedures for Restoring Normal Appearance

There are no apparent differences between the black probability women and the urban black women in their awareness of breast reconstruction as a way to restore a woman's appearance.

Procedures for Restoring Normal Appearance

After a woman has had her breast removed, what can she do, if anything, to restore her normal appearance?

(Q.49)

	National Probability Sample		Supplemental Sample
	White Females	Black Females	Urban Black Females
Base:	(1346)	(160)	(253)
Breast reconstruction	24%	15%	17%
Prosthesis/artificial breast	59	56	51
Special bra/undergarment	49	44	43
Physical therapy	11	12	6
Nothing	2	7	4
Other	10	6	5
Don't know	*	0	3

ATTITUDES TOWARD BREAST CANCER

Perceived Effects of Breast Removal on Life Activities

Overall, black women in the probability sample and in the urban sample agreed on the impact breast removal would have on various aspects of a woman's life. However, urban black women were more likely to believe that participation in strenuous sports would change a great deal.

Change in Women's Life Activities As a Result of Breast Removal

Next, I'd like you to imagine a woman about your age who has had her breasts removed. One year later, her life might be different than before her operation. I'm going to read a list of ways her life might have changed. For each one, please tell me if you think having had a breast removed would change this woman's life a great deal, somewhat, very little, or not at all.

(Qs. 45a-f)

	National Probability Sample		Supplemental Sample
	White Females	Black Females	Urban Black Females
Base:	(1346)	(160)	(253)
Percent responding "a great deal":			
Social life, such as going to a meeting or to the movies	4%	7%	10%
Job, such as office work	4	7	6
Strenuous housework, such as scrubbing floors or cleaning windows	16	30	28
Sexual relationships	16	16	22
Social relationships with men	16	20	20
Participation in strenuous sports, such as tennis or bowling	19	15	32

Perceived Effects of Breast Cancer and Its Treatments

When confronted with the prospect of breast cancer, women in the urban black sample expressed somewhat higher levels of concern than did the black women in the probability sample -- the urban black women expressed 4% to 14% higher levels of concern than the other black women.

Concern About Effects of Breast Cancer

Suppose that you, yourself, had breast cancer and had to have your breast removed. I'm going to read a list of concerns that some women have. For each one, would you tell me if you think you would be extremely concerned, quite concerned, somewhat concerned, or not at all concerned.

(Qs. 48a-k)

	National Probability Sample		Supplemental Sample
	White Females	Black Females	Urban Black Females
Base:	(1346)	(160)	(253)
Percent who say they were extremely concerned:			
Surgery might not have removed all the cancer	52%	53%	61%
The cancer might return	45	47	51
Medical costs would be very high	38	34	42
You/she might die	37	35	49
Radiation treatment may cause skin damage	31	26	37
Drug treatments may cause your/her hair to fall out	31	24	35
Your/her illness might cause problems for your family	30	27	35
There might be a lot of pain	28	37	48
You/she might not be able to work anymore	21	15	28
You/she would look unattractive	12	11	22
Your/her friends would avoid you/her	5	4	10

Feelings About Breast Reconstruction

There is no apparent difference between the samples of black women in their likelihood of having breast reconstruction in the event of breast removal.

Feelings About Breast Reconstruction

(As you say) There is a procedure called breast reconstruction which involves surgery to build a new breast. If you had a breast removed, do you think you would want to have breast reconstruction? Do you think you would definitely, probably, probably not, or definitely not want to have this done?

(Q. 50a)

	National Probability Sample				Supplemental Sample	
	White Females		Black Females		Urban Black Females	
Base:		(1346)		(160)		(253)
Definitely would	40%	14%	34%	12%	40%	22%
Probably would		26		22		18
Probably would not	53%	22	55%	19	51%	16
Definitely would not		31		36		35
Don't know		7		11		9

BREAST SELF-EXAMINATION

Practice of Breast Self-Examination

Nine black women in ten in the national probability sample and urban sample said they have heard of breast self-examination; only three-fourths of the black women in both samples reported that they practice breast self-examination.

Black women in both samples mentioned the six steps with about the same frequency; however, urban black women were less likely to mention the methods of standing upright and looking than were black women in the national probability sample.

Awareness and Practice of Breast Self-Examination

Can you tell me what the initials BSE stand for? (Q. 24a)

BSE stands for Breast Self-Examination. Have you ever heard of Breast Self-Examination, where a woman examines her breasts at home for possible signs of cancer? (Asked only of those who did not know what BSE stands for.) (Q. 24b)

Have you ever done Breast Self-Examination? (Q. 27)

The procedure for Breast Self-Examination includes several steps. Please tell me specifically what steps you use when you examine your breasts. How do you go about it? Is there any special position you assume? Is there anything else you do? (Asked only of those who have done BSE.) (Q. 34)

	National Probability Sample		Supplemental Sample
	White Females	Black Females	Urban Black Females
Base:	(1346)	(160)	(253)
Have heard of BSE	96%	93%	89%
Practice BSE	84	76	77
Do not practice BSE	16	24	23
Individual Steps Performed			
Base (Women who practice BSE):	(1131)	(122)	(195)
Circular motion/feel around/ examine nipples	96%	99%	97%
Lying down/lying on pillow	68	76	74
Upright in shower	42	41	27
Arm over head/behind head	43	26	25
Under arms	15	5	8
Looking	12	12	3
Other/don't know	4	1	4

Confidence in Ability to Do BSE

Black women in both samples expressed the same levels of confidence in their ability to detect an early cancer warning symptom.

Confidence in Ability to Do BSE

How confident are you in your own ability to do Breast Self-Examination? Would you say you are ... (Asked only of those who have done BSE.)

(Q. 35)

	National Probability Sample				Supplemental Sample	
		White Females		Black Females		Urban Black Females
Base:		(1131)		(122)		(195)
Very confident	80%	29%	79%	37%	79%	42%
Somewhat confident		51		42		37
Not very confident		14		18		17
Not at all confident		5		1		2
Don't know		1		*		2

Ability to Discover a Lump During BSE

Both black urban women and black probability women were likely to believe that a doctor would find a lump when examining a woman's breasts during a routine examination and that a woman with a breast lump would find it when examining her own breasts.

Discovery of a Breast Lump

How likely is it that a doctor would find a lump or other possible symptom of breast cancer when examining someone's breasts during a routine physical examination? Would you say it is ...

(Q. 39)

How likely is it that a woman with a breast lump would find it when examining her own breasts? Would you say it is ...

(Q. 40)

	National Probability Sample				Supplemental Sample	
	White Females		Black Females		Urban Black Females	
Base:		(1346)		(160)		(253)
Doctor Would Find a Lump						
Very Likely	88%	52%	87%	58%	78%	31%
Somewhat likely		36		29		47
Not very likely		10		7		13
Not at all likely		1		3		2
Woman Would Find a Lump						
Very likely	92%	41%	85%	35%	78%	28%
Somewhat likely		51		50		50
Not very likely		6		9		15
Not at all likely		1		3		3

Feelings About Assistance of Husbands/Partners With BSE

Of the black women in the national probability sample who practice breast self-examination, 21% reported that their husbands/partners have helped them; of the urban black women who practice BSE, only 9% said their husbands/partners have helped them.

A slightly higher percentage of urban black women expressed negative feelings about their husbands/partners learning the proper BSE techniques than did females in the black probability sample.

Feelings About Assistance

Has your (husband/partner) ever helped examine your breasts for signs of cancer? (Asked only of those who have a husband/partner and who have done BSE.) (Q. 36)

How would you feel about having your (husband/partner) learn the proper techniques to help you examine your breasts? (Asked only of those who have a husband/partner.) (Q. 37a)

	National Probability Sample		Supplemental Sample
	White Females	Black Females	Urban Black Females
Base (Women with husbands/partners):	(1001)	(100)	(101)
Women who practice BSE	86%	86%	80%
Husband/partner has helped with BSE	8%	21%	9%
Feelings about husbands/partners learning proper BSE techniques			
Positive	35%	41%	45%
Neutral	27	22	11
Negative	30	22	29
Other/don't know	8	15	15

ATTITUDES INFLUENCING DECISIONS RELATED TO TREATMENT OF BREAST CANCER

Attitudes Influencing Decisions Related to Treatment

A slightly higher proportion of black women in the probability sample expressed agreement that the decision for breast removal should be made entirely by the doctor.

Urban black women were more likely than women in the black probability sample to agree that doctors sometimes remove breasts unnecessarily. Fewer urban black women than black probability women agreed that they would want to have someone close to help make the decision regarding breast removal.

Attitudes Influencing Decisions

I'm going to read a list of sentences about your own reactions to some situations. For each statement that I read, would you tell me, please, if you agree strongly, agree somewhat, disagree somewhat, or disagree strongly.

(Qs. 51a, c-d)

	National Probability Sample				Supplemental Sample	
	White Females		Black Females		Urban Black Females	
Base:		(1346)		(160)		(253)
Decision for breast removal should be made entirely by doctor						
Agree strongly	30%	17%	42%	26%	39%	22%
Agree somewhat		13		16		17
Disagree somewhat		28		26		18
Disagree strongly		42		31		42
Don't know		*		1		1
Would want someone close to help make decision regarding breast removal						
Agree strongly	70%	48%	75%	31%	64%	38%
Agree somewhat		22		44		26
Disagree somewhat		9		8		6
Disagree strongly		20		14		26
Don't know		1		3		4
Doctors sometimes remove women's breasts unnecessarily						
Agree strongly	64%	27%	40%	17%	56%	28%
Agree somewhat		37		23		28
Disagree somewhat		14		13		13
Disagree strongly		14		20		15
Don't know		8		27		16

Attitudes Regarding Prior Consent for Mastectomy

About the same proportion of black women in the probability and urban samples expressed the belief that permission for breast removal must be given prior to an exploratory operation. About half of the black women in both samples prefer to wait and then discuss possible treatments.

Permission Prior to an Operation

If a woman has a lump in her breast, the doctor may recommend that she have an operation to find out if the lump is cancer. From what you know, is she required before the operation to give the doctor permission to go ahead and remove her breast if the lump turns out to be cancer?

(Q. 22)

	National Probability Sample		Supplemental Sample
	White Females	Black Females	Urban Black Females
Base:	(1346)	(160)	(253)
Yes	64%	54%	58%
No	24	22	28
Don't know	12	24	14

Preference Regarding Prior Consent

If you had a lump in your breast and the doctor recommended an operation to find out if it is cancer, which would you rather do?

(Q. 23)

	National Probability Sample		Supplemental Sample
	White Females	Black Females	Urban Black Females
Base:	(1346)	(160)	(253)
Prefer to give prior permission for breast removal	41%	44%	46%
Prefer to wait and then discuss possible treatment	56	47	48
Don't know	3	9	6

APPENDIX V

QUESTIONNAIRES

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]

[illegible]

[illegible]

[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
NATIONAL INSTITUTES OF HEALTH
BETHESDA, MARYLAND 20205

October 1979

Dear Respondent:

The National Institutes of Health is conducting a study on what people know and the concerns people have about their health. You have been selected as one of nearly three thousand people to be interviewed for this study.

The person giving you this letter is an authorized staff member of Opinion Research Corporation, which is under contract to conduct this important survey. Only the interviewer knows your identity, so you can be certain that this person is authorized to conduct your personal interview. Please answer the questions as clearly and as frankly as you can.

Your participation is strictly voluntary, and you can be sure that the information you give will be held in strictest confidence. When the final report is written, only general statistics will be included, and you will never be named or identified in any way. There is no penalty for not answering the questions or for refusing to participate in the study. But please remember that your answers are important if the National Institutes of Health is to understand public concerns about health and to improve the health of all Americans. Your answers are very important to the accuracy of this study.

If you have any questions about this study, please telephone me at the number listed below. Thank you in advance for your cooperation.

Sincerely,

Robert W Denniston

Robert W. Denniston
Project Director

To ask any questions, you may call me collect at (301) 496-6792.

OMB #68-S78029 Expires: April 1981

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
NATIONAL INSTITUTES OF HEALTH
BETHESDA, MARYLAND 20205

October 1979

Informed Consent Record

I fully agree to participate in the National Institutes of Health Study on public information and concerns about health, as described in the accompanying letter.

I understand that my name and other identifying information will not be kept to form any permanent record, and that I will not be identified in any way with the information I have given or with the final results of this study. All information I provide is completely confidential. I have been given an opportunity to ask questions, and I understand I may ask more questions about this study at any time.

Signature ________________________ Date ________________

Signature of Interviewer ________________________ Date ________________

Privacy Act Information

The National Institutes of Health, part of the U.S. Department of Health, Education and Welfare, is authorized to collect this information under the Public Health Service Act, Section 301, 361 (42 USC241, 265). The information requested is important to understanding public knowledge, attitudes and behavior related to health. Your participation is entirely voluntary.

OMB #68-S78029 Expires: April 1981

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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[illegible]

[illegible]

OMB # 68-S78029
EXPIRES: April, 1981

51557
100179

LOCATION NUMBER: ____________________

LINE NUMBER: ____________________

TIME STARTED: ____________________

RECORD FROM FACE SHEET

SPOUSE/PARTNER IN HOUSEHOLD:
( ) YES
( ) NO

WOMEN'S HEALTH ISSUES

FORM A -- FEMALES

1a. First of all, would you say your own health now in general is . . . (READ RESPONSES.)

1 Excellent
2 Very good
3 Good
4 Fair
5 Poor

1b. How concerned or worried about your health have you been during the past month? Would you say you are . . . (READ RESPONSES.)

1 Very concerned
2 Somewhat concerned
3 Not very concerned
4 Not concerned at all
5 DON'T KNOW (DON'T READ)

2. Could you tell me, please, how many times during the past year you went to a doctor for a general check-up -- that is, not because of a specific illness or condition? Don't include eye doctors or dentists.

(RECORD NUMBER): ____________________

3. Which of the following things do you do to take care of your health? Do you . . . (READ EACH STATEMENT.)

	YES	NO	DON'T KNOW
a. Watch your diet and nutrition	1	2	3
b. Exercise regularly	1	2	3
c. Examine your breasts regularly for signs of cancer	1	2	3
d. Have a Pap smear on a regular basis	1	2	3
e. Have your blood pressure checked	1	2	3

HAND RESPONDENT EXHIBIT A

4a. Among the sources listed on this card, where would you say you get most of your information about health? (CIRCLE AS MANY ANSWERS AS RESPONDENT GIVES. PROBE FOR OTHER SOURCES.)

1 READING
2 TELEVISION
3 RADIO
4 TALKING WITH FAMILY, FRIENDS
5 DOCTOR, NURSE, CLINIC
6 FAMILY MEMBERS/FRIENDS IN THE MEDICAL PROFESSION
7 AT WORK
8 OTHER (Specify): ____________________
9 DON'T KNOW

TAKE BACK EXHIBIT A

IF "READING" ON Q. 4a, ASK Q. 4b. OTHERWISE SKIP TO Q. 5a:

SHOW EXHIBIT B

4b. Where, specifically, do you read about health?

1 READER'S DIGEST
2 WOMEN'S MAGAZINES (LADIES HOME JOURNAL, McCALL'S, ETC.)
3 NEWS MAGAZINES (TIME, NEWSWEEK, ETC.)
4 ALL OTHER MAGAZINES
5 NEWSPAPER
6 MEDICAL BOOKS/JOURNALS/MAGAZINES
7 ALL OTHER BOOKS
8 ALL OTHER (Specify): ____________________
9 DON'T KNOW

TAKE BACK EXHIBIT B

5a. Now I'd like to talk about some specific health matters concerning women. In your opinion, what is the most serious health problem women face? (DO NOT READ RESPONSES. PROBE FOR ONE ANSWER.)

1 CANCER
2 HIGH BLOOD PRESSURE, HYPERTENSION
3 HEART ATTACK, HEART TROUBLE
4 STROKE
5 DIABETES
6 ARTHRITIS
7 EMOTIONAL STRESS/NERVES
8 LACK OF PROPER EXERCISE/POOR NUTRITION
9 OTHER (Specify): ______________________________
0 DON'T KNOW

IF "CANCER" MENTIONED, ASK Q. 5b. OTHERWISE SKIP TO Q. 6a:

5b. Which specific type of cancer is that? (CIRCLE AS MANY AS MENTIONED.)

1 BREAST
2 UTERINE, CERVICAL, VAGINA
3 LUNG
4 CANCER IN GENERAL/ALL FORMS
5 OTHER (Specify): ______________________________
6 DON'T KNOW

6a. Next, please tell me which specific diseases or illnesses worry you the most? (DO NOT READ RESPONSES. CIRCLE AS MANY AS MENTIONED.)

1 CANCER
2 HIGH BLOOD PRESSURE, HYPERTENSION
3 HEART ATTACK, HEART TROUBLE
4 STROKE
5 DIABETES
6 ARTHRITIS
7 EMOTIONAL STRESS/NERVES
8 OTHER (Specify): ______________________________
9 NONE
0 DON'T KNOW

6b. We're interested in knowing how concerned or worried you are about getting cancer. Would you say you are concerned or worried . . . (READ RESPONSES.)

1 A great deal
2 Somewhat
3 Not very much
4 Not at all

IF "CANCER" MENTIONED IN Q. 6a, ASK Q. 6c. OTHERWISE SKIP TO Q. 7:

6c. Which specific type of cancer worries you the most? (DO NOT READ RESPONSES. PROBE FOR ONE ANSWER.)

1 BREAST
2 UTERINE, CERVICAL, VAGINA
3 LUNG
4 CANCER IN GENERAL/ALL FORMS
5 OTHER (Specify): ____________
6 DON'T KNOW

→ SKIP TO Q. 7

IF "BREAST CANCER," ASK:

6d. Can you tell me why breast cancer worries you most? (DO NOT READ RESPONSES. CIRCLE AS MANY AS MENTIONED.)

1 BECAUSE I'M A WOMAN/AFRAID I MIGHT GET IT
2 DISFIGUREMENTS/LOSS OF BREAST
3 HAVE SEEN PEOPLE DIE, KNOW PEOPLE WHO'VE DIED
4 KNOW PEOPLE WHO HAVE HAD IT (NO MENTION OF DYING)
5 WE HEAR SO MUCH ABOUT IT/A LOT OF MEDIA COVERAGE
6 SO MANY PEOPLE HAVE IT/IT'S SO COMMON
7 THERE'S NO CURE/IT'S FATAL/HOPELESS
8 OTHER (Specify): ____________
9 DON'T KNOW

SKIP TO Q. 8

IF "CANCER" NOT MENTIONED ON Q. 6a, OR "BREAST CANCER" NOT MENTIONED ON Q. 6c, ASK Q. 7. OTHERWISE SKIP TO Q. 8:

7. These days we hear a lot about breast cancer. What is the first thing that comes to your mind when breast cancer is mentioned? (DO NOT READ RESPONSES. CIRCLE ONLY ONE.)

1 LOSS OF BREAST, MASTECTOMY, SURGERY, BREAST REMOVAL
2 LUMP IN BREAST, REMOVAL OF LUMP
3 DEATH, DYING, SPREAD OF CANCER
4 PAIN, SICKNESS
5 I THINK OF FRIENDS/RELATIVES WHO HAVE HAD IT/SYMPATHETIC
6 CONCERNED ABOUT HAVING IT, START CHECKING BREASTS, GO TO DOCTOR
7 OTHER (Specify): ____________
8 DON'T KNOW

HAND RESPONDENT EXHIBIT C

8. Which of these is closest to the number of women you think will get breast cancer at some time during their lives?

1 ONE WOMAN OUT OF EVERY FIVE
2 1 OUT OF 15
3 1 OUT OF 25
4 1 OUT OF 50
5 1 OUT OF 100
6 DON'T KNOW

TAKE BACK EXHIBIT C

9a. Have you recently seen or heard anything about breast cancer?

1 YES
2 NO → SKIP TO Q. 10
3 DON'T KNOW → SKIP TO Q. 10

IF "YES," ASK:

9b. Where did you see or hear something most recently? (CIRCLE AS MANY AS MENTIONED.)

1 MAGAZINE
2 NEWSPAPER
3 TV
4 PHYSICIANS, DOCTORS
5 HEALTH CLINIC, HOSPITAL
6 FRIENDS, FAMILY
7 OTHER (Specify): ______________________________
8 DON'T KNOW

9c. Tell me about it, please. (DO NOT READ RESPONSES. CIRCLE ALL THAT APPLY.)

1 BREAST SELF-EXAMINATION: BE AWARE OF HOW TO CHECK SELF: MORE WOMEN DISCOVER LUMPS THAN DOCTORS DO

2 PROMINENT PEOPLE WHO'VE HAD BREAST CANCER: MRS. ROCKEFELLER: FORMER PRESIDENT'S WIFE--MRS. FORD

3 HOPEFUL OUTCOME: TREATMENT CAN TAKE CARE OF SOME CASES: NOT A DREADFUL THING, CURES HAVE BEEN FOUND

4 EXPERIENCE OF PERSON WHO HAD: SHOW ON TV RE WOMAN WHO HAD: FRIEND HAD A LUMP

5 SHOWED/DESCRIBED THE DIFFERENT TREATMENTS/PROCEDURES INVOLVED

6 OTHER (Specify): ______________________________

____

7 DON'T KNOW/DON'T REMEMBER

10. What do you think the chances are that you personally will have breast cancer some day? Do you think this is . . . (READ RESPONSES.)

1 Very likely to happen to you
2 Somewhat likely to happen to you
3 Somewhat unlikely to happen to you
4 Very unlikely to happen to you
5 DON'T KNOW (DON'T READ)

11. Next I'd like to talk to you about who you think is most likely to get breast cancer. I will read you a list of choices. Please tell me who you think are more likely to get breast cancer. (REPEAT FOR EACH PAIR.)

a. ...white women or black women, or is there no difference?

1 WHITE WOMEN MORE LIKELY
2 BLACK WOMEN MORE LIKELY
3 NO DIFFERENCE
4 DON'T KNOW

b. ... women over age 50 or women under age 50, or is there no difference?

1 WOMEN OVER 50 MORE LIKELY
2 WOMEN UNDER 50 MORE LIKELY
3 NO DIFFERENCE
4 DON'T KNOW

c. Remember, you are telling me who you think are more likely to get breast cancer. ...women who take birth control pills or women who don't take birth control pills, or is there no difference?

1 WOMEN WHO TAKE BIRTH CONTROL PILLS MORE LIKELY
2 WOMEN WHO DO NOT TAKE BIRTH CONTROL PILLS MORE LIKELY
3 NO DIFFERENCE
4 DON'T KNOW

d. ...women who have their first child before age 30, women who have their first child after age 30, or is there no difference?

1 WOMEN WHO HAVE THEIR FIRST CHILD BEFORE AGE 30 MORE LIKELY
2 WOMEN WHO HAVE THEIR FIRST CHILD AFTER AGE 30 MORE LIKELY
3 NO DIFFERENCE
4 DON'T KNOW

e. ...women who breast-feed their children, or women who do not breast-feed their children, or is there no difference?

1 WOMEN WHO BREAST-FEED THEIR CHILDREN MORE LIKELY
2 WOMEN WHO DO NOT BREAST-FEED THEIR CHILDREN MORE LIKELY
3 NO DIFFERENCE
4 DON'T KNOW

f. ...women whose mothers or sisters have had breast cancer, or women whose mothers and sisters have not had breast cancer, or is there no difference?

1 WOMEN WHOSE MOTHERS OR SISTERS HAVE HAD BREAST CANCER MORE LIKELY
2 WOMEN WHOSE MOTHERS OR SISTERS HAVE NOT HAD BREAST CANCER MORE LIKELY
3 NO DIFFERENCE
4 DON'T KNOW

12. Next, I'm going to read you some statements. Please tell me if you agree or disagree with the statement.

	AGREE	DISAGREE	DON'T KNOW
a. Bumping or bruising the breasts can cause breast cancer	1	2	3
b. Breast cancer is contagious	1	2	3
c. Fondling or caressing the breasts can cause breast cancer	1	2	3

13. What do you think are the signs or symptoms of breast cancer? (DO NOT READ RESPONSES. PROBE AND CIRCLE AS MANY ANSWERS AS RESPONDENT GIVES.) Anything else? (DO NOT READ RESPONSES.)

1 LUMPS IN BREAST
2 PAIN/SORENESS/BURNING IN BREAST OR NIPPLE
3 DISCHARGE FROM NIPPLE
4 DISCOLORATION IN BREAST
5 SWELLING OR ENLARGEMENT OF THE BREAST
6 CHANGES IN BREAST OR NIPPLE
7 OTHER (Specify): ______________________

____

8 DON'T KNOW

14. Lumps in the breast are one possible symptom of breast cancer. Out of every ten breast lumps which occur, how many do you think turn out to be cancer? (DO NOT FORCE RESPONDENT TO GUESS. RECORD "D/K" IF SHE IS UNABLE TO GIVE A NUMBER.)

______________ OUT OF TEN

15. Do you know of any things a doctor would do to check a woman for breast cancer?

1 YES
2 NO → SKIP TO Q. 17

IF "YES," ASK:

16. What does a doctor do to check a woman for breast cancer? (DO NOT READ RESPONSES. PROBE AND CIRCLE AS MANY ANSWERS AS RESPONDENT GIVES.)

1 X-RAY
2 MAMMOGRAM, MAMMOGRAPHY
3 FEELING THE BREAST FOR LUMPS/MANUAL EXAM
4 OTHER (Specify): ______________________
5 DON'T KNOW

17. If a woman has a lump in her breast, what does a doctor do to find out if it is cancer? (DO NOT READ RESPONSES. CIRCLE AS MANY AS MENTIONED.)

1 BIOPSY
2 X-RAYS
3 DRAIN FLUID
4 RUN TESTS (GENERAL)
5 MAMMOGRAM
6 OTHER (Specify): ______________________
7 DON'T KNOW

INTERVIEWER NOTE: IF "MAMMOGRAM/MAMMOGRAPHY" WAS MENTIONED IN Q. 16 OR Q. 17, SKIP TO Q. 18b.

18a. Have you ever heard of a mammogram (MAM O GRAM) or mammography (MAM AH GRAF EE)?

1 YES
2 NO
3 DON'T KNOW → SKIP TO Q. 18d

IF "YES" ON Q. 18a OR MAMMOGRAM ON Q. 16 OR Q. 17, ASK:

18b. Can you tell me what mammography is, please? (DO NOT READ RESPONSES.)

1 TEST FOR BREAST CANCER
2 TEST FOR CANCER (BREAST NOT MENTIONED): FORM OF DETECTING CANCER; EXAM FOR CANCER
3 TEST (CANCER NOT MENTIONED)
4 BREAST X-RAY; MAMMARY GLAND X-RAY
5 X-RAY: TYPE OF X-RAY; X-RAY THAT CAN FIND A LUMP (BREAST NOT MENTIONED)
6 OTHER (Specify): ______________________
____
7 NO, DON'T KNOW

18c. Can you tell me what you've heard about mammography? (DO NOT READ RESPONSES. CIRCLE AS MANY AS MENTIONED.) PROBE: Is there anything else, either good or bad, that you've heard about mammography? (PROBE THOROUGHLY.)

1 TEST FOR CANCER/DETECTS CANCER AT AN EARLY STAGE
2 BETTER THAN MANUAL EXAM; BETTER THAN HAND
3 SHOULD NOT BE USED TOO OFTEN
4 SHOULD NOT HAVE IT UNDER CERTAIN CONDITIONS; SHOULD NOT BE USED IN CHILDBEARING YEARS; GOOD THING FOR PEOPLE AT CERTAIN AGES
5 TOO MUCH RADIATION; RADIATION CAN CAUSE CANCER
6 USEFUL DIAGNOSTIC TOOL/ONE OF THE LATEST THINGS
7 OTHER (Specify): ______________________
____
8 NOTHING, DON'T KNOW

ASK EVERYONE:

18d. (Actually) (As you say), a mammogram is an X-ray examination of the breasts. Have you ever had a mammogram?

1 YES
2 NO
3 DON'T KNOW

19. After a doctor finds out that a woman actually has breast cancer, what do you think is done to treat the disease? (DO NOT READ RESPONSES. CIRCLE AS MANY AS MENTIONED.)

1 SURGERY, OPERATION, BREAST REMOVED
2 MASTECTOMY
3 CHEMOTHERAPY, DRUGS, MEDICATION
4 RADIATION/X-RAY/COBALT
5 OTHER (Specify): ______________________
6 DON'T KNOW

INTERVIEWER NOTE: IF RESPONDENT MENTIONED "MASTECTOMY" IN Q. 19, SKIP TO Q. 20b.

20a. Have you ever heard of mastectomy (MA STEK TA MEE)?

1 YES
2 NO
3 DON'T KNOW → SKIP TO Q. 21a

IF "YES" ON Q. 20a OR "2" ON Q. 19, ASK:

20b. Can you please tell me what a mastectomy is? (DO NOT READ RESPONSES.)

1 REMOVAL OF BREAST
2 OPERATION FOR BREAST CANCER
3 OTHER (Specify): ______________________
4 DON'T KNOW

21a. (Actually) (As you say), mastectomy is an operation for breast cancer. So far as you know, is there more than one kind of operation for breast cancer?

1 YES, MORE THAN ONE
2 NO
3 DON'T KNOW

21b. (Actually) (As you say), there are several operations, ranging from removal of lump, or removal of whole breast, to removal of breast and chest muscles. So far as you know, what determines how much will be removed in an operation for breast cancer? (DO NOT READ RESPONSES. CIRCLE AS MANY AS MENTIONED.)

1 SPREAD OF CANCER/HOW BAD IT IS
2 HOW EARLY DETECTED
3 WOMAN'S PREFERENCE
4 DOCTOR'S PREFERENCE (OPINION)
5 HOW LONG LUMP PRESENT
6 SIZE OF LUMP
7 OTHER (Specify): ______________________
8 DON'T KNOW

22. If a woman has a lump in her breast, the doctor may recommend that she have an operation to find out if the lump is cancer. From what you know, is she required, before the operation, to give the doctor permission to go ahead and remove her breast if the lump turns out to be cancer?

1 YES
2 NO
3 DON'T KNOW

23. If you had a lump in your breast and the doctor recommended an operation to find out if it was cancer, which would you rather do? (READ RESPONSES.)

1 Give the doctor permission, before the operation, to go ahead and remove the breast immediately if the lump is cancer

2 Or wait until after the operation. Then, if the lump turns out to be cancer, talk to the doctor about possible treatments

3 DON'T KNOW (DON'T READ)

24a. Can you tell me what the initials BSE stand for?

1 BREAST SELF EXAM, EXAMINATION → SKIP TO Q. 25
2 NO/DON'T KNOW
3 OTHER (Specify): ____________

IF "NO/DON'T KNOW," OR "OTHER," ASK:

24b. BSE stands for Breast Self-Examination. Have you ever heard of Breast Self-Examination, where a woman examines her breasts at home for possible signs of cancer?

1 YES
2 NO
3 DON'T KNOW → SKIP TO Q. 29a

IF AWARE OF BREAST SELF-EXAMINATION ("1" ON Q. 24a OR Q. 24b), ASK:

25. What do you think are the advantages of doing Breast Self-Examination? (DO NOT READ RESPONSES.)

1 EARLY DETECTION, IF FIND A LUMP WILL SEE THE DOCTOR
2 SELF AWARENESS, KNOW YOURSELF BETTER, LOOK AFTER OWN INTERESTS, BEING CONCERNED ABOUT SELF
3 OTHER (Specify): ____________
____
4 NONE, NO ADVANTAGE
5 DON'T KNOW

26. What are the disadvantages of doing Breast Self-Examination? (DO NOT READ RESPONSES.)

1 IF FIND A LUMP WILL WORRY, POSSIBLY UNNECESSARILY
2 NOT THOROUGH, ACCURATE; WOMEN LACK KNOWLEDGE TO DIAGNOSE; DON'T KNOW WHAT THEY'RE LOOKING FOR
3 OTHER (Specify): ______________________________

____

4 NONE, NO DISADVANTAGE
5 DON'T KNOW

27. Have you ever done Breast Self-Examination?

1 YES → SKIP TO Q. 30
2 NO

IF "NO" ON Q. 27, ASK:

28. Please tell me why you haven't examined your breasts? (DO NOT READ RESPONSES.)

1 DON'T NEED TO, I'M HEALTHY
2 DON'T THINK ABOUT IT
3 OTHER (Specify): ______________________________

____

4 DON'T KNOW

IF "NEVER HEARD OF BREAST SELF-EXAMINATION" ("NO/DON'T KNOW" ON Q. 24b), OR IF "NEVER DONE BREAST SELF-EXAMINATION" ("NO" ON Q. 27), ASK:

29a. Would you like to learn how to examine your breasts? That is, would you say you . . . (READ RESPONSES.)

1 Definitely would
2 Probably would
→ IF SPOUSE/PARTNER IN HOUSEHOLD, SKIP TO Q. 37a. OTHERWISE, SKIP TO Q. 38a.

3 Probably would not
4 Definitely would not want to learn
5 DON'T KNOW (DON'T READ)

IF "3" THROUGH "5" ON Q. 29a, ASK:

29b. Are there any special reasons why you wouldn't want to be taught how to examine your breasts? (DO NOT READ RESPONSES.)

1 FEAR OF FINDING LUMP
2 NOT NECESSARY, DOCTOR CHECKS ME
3 IT WON'T HAPPEN TO ME
4 OTHER (Specify): ______________________________

____

5 NONE, DON'T KNOW OF ANY

IF SPOUSE/PARTNER IN HOUSEHOLD, SKIP TO Q. 37a. OTHERWISE, SKIP TO Q. 38a.

IF "YES," HAVE DONE BSE ON Q. 27, CONTINUE:

30. Where did you get most of your information about Breast Self-Exmination? (DO NOT READ RESPONSES. CIRCLE AS MANY ANSWERS AS RESPONDENT GIVES.)

1 DOCTOR
2 NURSE
3 FRIEND, FAMILY MEMBER
4 CLINIC, HEALTH CENTER, HOSPITAL
5 TELEVISION
6 NEWSPAPERS
7 MAGAZINES
8 BOOKS
9 PAMPHLETS/BOOKLETS
10 OTHER (Specify): ____________________
11 DON'T KNOW/REMEMBER

31a. Has anyone ever taught you personally how to examine your breasts?

1 YES
2 NO → SKIP TO Q. 32a

IF "YES," ASK:

31b. Who taught you?

1 DOCTOR
2 NURSE
3 FRIEND/FAMILY MEMBER
4 OTHER (Specify): ____________________

32a. During the past year, about how often have *you* examined your breasts? (DO NOT READ RESPONSES.)

1 DAILY
2 WEEKLY
3 MONTHLY
→ SKIP TO Q. 33

4 EVERY TWO MONTHS
5 THREE OR FOUR TIMES A YEAR
6 TWICE A YEAR
7 YEARLY
8 NOT IN LAST YEAR
9 OTHER (Specify): ____________________

0 DON'T KNOW → SKIP TO Q. 33

IF "4" THROUGH "9" ON Q. 32a, ASK:

32b. Please tell me why you don't examine your breasts more often? (DO NOT READ RESPONSES.) PROBE: Are there any other reasons?

1 NOT CONCERNED ABOUT CANCER; FEEL FINE; CANCER NOT IN FAMILY
2 LET THE DOCTOR DO IT
3 DOCTOR SAID NOT TO WORRY
4 DON'T KNOW IF I COULD DETECT A PROBLEM; I'M NOT QUALIFIED
5 DON'T THINK ABOUT IT, NOT THAT CONCERNED; NOT ON MY MIND
6 SEE THE DOCTOR FREQUENTLY
7 OTHER (Specify): ____________________

____

33. How many minutes does it take you to examine your breasts? Does it take you . . . (READ RESPONSES.)

1 Less than two minutes
2 About 2 to 5 minutes
3 About 6 to 10 minutes
4 More than 10 minutes
5 OTHER (Specify): ____________________

____

34. The procedure for Breast Self-Examination includes several steps. Please tell me specifically what steps you use when you examine your breasts? PROBE: How do you go about it? (RECORD VERBATIM.)

____

____

____

(IF POSITION NOT MENTIONED, ASK): Is there any special position you assume?

____

____

____

Is there anything else you do?

____

____

____

35. How confident are you in your own ability to do Breast Self-Examination? Would you say you are . . . (READ RESPONSES.)

1 Very confident
2 Somewhat confident
3 Not very confident
4 Not at all
5 DON'T KNOW (DON'T READ)

IF SPOUSE/PARTNER IN HOUSEHOLD, ASK Q. 36 THROUGH Q. 37b. OTHERWISE, SKIP TO Q. 38a.

36. Has your (husband/partner) ever helped examine your breasts for signs of cancer?

1 YES
2 NO

IF SPOUSE/PARTNER IN HOUSEHOLD, ASK Q. 37a AND 37b. OTHERWISE, SKIP TO Q. 38a.

37a. How would you feel about having your (husband/partner) learn the proper techniques to help you examine your breasts? (DO NOT READ RESPONSES.)

1 VERY POSITIVE: FINE, WOULD BE FUN, GREAT
2 POSITIVE: TWO HEADS ARE BETTER THAN ONE; NO DIFFERENT FROM A DOCTOR DOING IT
3 NEUTRAL: WOULDN'T MIND, AFTER 15/20 YEARS; WOULDN'T MATTER
4 NEGATIVE: NOT NECESSARY; HAS ENOUGH PROBLEMS OF HIS OWN; FEEL FUNNY ABOUT IT; WOMEN CAN HANDLE THEMSELVES
5 VERY NEGATIVE: NO WAY; DON'T NEED HIS HELP
6 UP TO HUSBAND: FINE FOR ME, HE'D BE SQUEAMISH; HE WOULD HAVE TO DECIDE FOR HIMSELF
7 HUSBAND ALREADY KNOWS PROPER TECHNIQUES
8 OTHER (Specify): ______________________________
____
9 DON'T KNOW, UNSURE

37b. If he knew the proper techniques to help you examine your breasts, how confident would you be in his ability to help examine your breasts? Would you be . . . (READ RESPONSES.)

1 Very confident
2 Somewhat confident
3 Not very confident
4 Not at all confident
5 DON'T KNOW (DON'T READ)

ASK EVERYONE:

38a. During the past year, have you had your breasts examined as part of any medical examination?

1 YES
2 NO ⟶ SKIP TO Q. 39

IF "YES," ASK:

38b. Was this examination done by a doctor, by a nurse, or by someone else?

1 DOCTOR
2 NURSE
3 BOTH
4 OTHER (Specify): ______________________

38c. Who initiated the examinations? That is, did you ask for the examination or did the doctor or nurse just go ahead and examine your breasts?

1 DOCTOR INITIATED
2 NURSE INITIATED
3 RESPONDENT INITIATED
4 OTHER (Specify): ______________________

39. How likely is it that a doctor would find a lump or other possible symptom of breast cancer when examining someone's breasts during a routine physical examination? Would you say it is . . . (READ RESPONSES.)

1 Very likely he would find it
2 Somewhat likely he would find it
3 Not very likely he would find it
4 Not at all likely he would find it
5 DON'T KNOW (DON'T READ)

40. How likely is it that a woman with a breast lump would find it when examining her own breasts? Would you say it is . . . (READ RESPONSES.)

1 Very likely she would find it
2 Somewhat likely she would find it
3 Not very likely she would find it
4 Not at all likely she would find it
5 DON'T KNOW (DON'T READ)

41. Some women say they feel embarrassed when a doctor examines their breasts. How much would you way this applies to you? Does it apply . . . (READ RESPONSES.)

1 Very much
2 Somewhat
3 Very little
4 Not at all
5 DON'T KNOW (DON'T READ)

42. Next, I'm going to read you a list of statements. For each one, please tell me if you "agree strongly," "agree somewhat," "disagree somewhat," or "disagree strongly." The first statement is (READ FIRST STATEMENT.) Do you agree strongly, agree somewhat, disagree somewhat, or disagree strongly? (RECORD AND REPEAT FOR EACH STATEMENT.)

	AGREE STRONGLY	AGREE SOMEWHAT	DISAGREE SOMEWHAT	DISAGREE STRONGLY	DON'T KNOW
a. Once a woman finds a breast lump, it is usually too late to do anything about it	1	2	3	4	5
b. Most women discover a breast lump before the doctor does	1	2	3	4	5
c. If a breast lump is not painful, it probably is not cancer	1	2	3	4	5

43a. Next, I'd like to ask you about your own experiences with breast problems. Have you yourself ever had any medical problems with your breasts?

1 YES
2 NO ——→ SKIP TO Q. 44a

IF "YES," ASK:

43b. Tell me, please, what sort of trouble you had? (DO NOT READ RESPONSES. IF "SURGERY" MENTIONED, PROBE FOR SPECIFIC PROBLEM.)

1 CYST REMOVED
2 LUMP REMOVED
3 OTHER SURGERY (Specify): ____________
4 PROBLEMS ASSOCIATED WITH NURSING
5 OTHER (Specify): ____________

43c. Who discovered the problem -- you, your husband (partner)(IF SPOUSE/PARTNER IN HOUSEHOLD), or the doctor?

1 RESPONDENT
2 HUSBAND/PARTNER
3 DOCTOR ——→ SKIP TO Q. 43f

IF RESPONDENT OR HUSBAND/PARTNER DISCOVERED PROBLEM, ASK:

43d. Did you go to a doctor or clinic about the breast problem?

1 YES
2 NO ——→ SKIP TO Q. 43f

IF "YES," ASK:

43e. About how long after you discovered the problem did you try to make an appointment with the doctor or the clinic?

1 IMMEDIATELY
2 2-3 WEEKS LATER
3 A MONTH LATER
4 2-6 MONTHS LATER
5 OVER 6 MONTHS LATER

43f. Other than a doctor, whom did you talk to about the problem?

1 HUSBAND/PARTNER
2 MOTHER
3 FATHER
4 OTHER FEMALE RELATIVE
5 FEMALE FRIEND
6 MALE FRIEND
7 OTHER (Specify): ____________
8 DON'T KNOW

ASK EVERYONE

44a. Have you ever personally known anyone who had breast cancer?

1 YES
2 NO → SKIP TO Q. 45

IF "YES," ASK:

44b. What was her (or their) relationship to you? (DO NOT READ RESPONSES. CIRCLE AS MANY ANSWERS AS RESPONDENT GIVES.)

1 MOTHER (NATURAL MOTHER ONLY)
2 SISTER (NATURAL SIBLING ONLY)
3 OTHER FEMALE RELATIVE (AUNT, STEPSISTER, ETC.)
4 FRIEND, OTHER NONRELATED PERSON

44c. What treatment(s) did she (they) have for the cancer? (DO NOT READ RESPONSES. CIRCLE AS MANY AS APPLY.)

1 SURGERY, OPERATION, BREAST REMOVED
2 MASTECTOMY
3 CHEMOTHERAPY, DRUGS, MEDICATION
4 RADIATION/X-RAY/COBALT
5 OTHER (Specify): ______________________
6 DON'T KNOW

HAND RESPONDENT EXHIBIT D

45. Next, I'd like you to imagine a woman about your age who has had her breast removed. One year later, her life might be different than before her operation. I'm going to read a list of ways her life might have changed. For each one, please tell me if you think having had a breast removed would change this woman's life "a great deal," "somewhat," "very little," or "not at all." First, think of this woman's social life, such as going to a meeting or the movies. Do you think having had a breast removed would change a woman's social life "a great deal," "somewhat," "very little," or "not at all"? (RECORD AND REPEAT FOR EACH.)

	A GREAT DEAL	SOME-WHAT	VERY LITTLE	NOT AT ALL	DON'T KNOW
a. Social life, such as going to a meeting or to the movies	1	2	3	4	5
b. Job, such as office work	1	2	3	4	5
c. Strenuous housework, such as scrubbing floors or cleaning windows	1	2	3	4	5
d. Sexual relationships	1	2	3	4	5
e. Social relationships with men	1	2	3	4	5
f. Participation in strenuous sports, such as tennis or bowling	1	2	3	4	5

TAKE BACK EXHIBIT D

46. Having a breast removed might affect some women's lives in different ways than others. In your opinion, would losing a breast be more difficult for a single woman or a married woman, or is there no difference?

1 MORE DIFFICULT FOR SINGLE WOMAN
2 MORE DIFFICULT FOR MARRIED WOMAN
3 NO DIFFERENCE
4 DON'T KNOW

47. Would losing a breast be more difficult for a woman under 35 or for a woman over 35, or is there no difference?

1 MORE DIFFICULT FOR A WOMAN UNDER 35
2 MORE DIFFICULT FOR A WOMAN OVER 35
3 NO DIFFERENCE
4 DON'T KNOW

HAND RESPONDENT EXHIBIT E

48. Suppose that you yourself had breast cancer and had to have your breast removed. I'm going to read a list of concerns that some women have. For each one, would you tell me if you think you would be "extremely concerned," "quite concerned," "somewhat concerned," or "not at all concerned." (ASK FOR EACH SENTENCE LISTED BELOW. START WITH THE FIRST STATEMENT, IRRESPECTIVE OF THE LETTER.)

	EXTREMELY CONCERNED	QUITE CONCERNED	SOMEWHAT CONCERNED	NOT AT ALL CONCERNED	DON'T KNOW
a. Surgery might not have removed all the cancer	1	2	3	4	5
b. There might be a lot of pain	1	2	3	4	5
c. Your friends would avoid you	1	2	3	4	5
d. You might die	1	2	3	4	5
e. You would look unattractive	1	2	3	4	5
f. The cancer might return	1	2	3	4	5
g. Medical costs would be very high	1	2	3	4	5
h. Drug treatments may cause your hair to fall out	1	2	3	4	5
i. Radiation treatment may cause skin damage	1	2	3	4	5
j. You might not be able to work anymore	1	2	3	4	5
k. Your illness might cause problems for your family	1	2	3	4	5

TAKE BACK EXHIBIT E

49. After a woman has had her breast removed what can she do, if anything, to restore her normal appearance? (DO NOT READ RESPONSES. CIRCLE AS MANY AS MENTIONED.) PROBE: Anything else?

1 HAVE SURGERY TO BUILD A NEW BREAST, IMPLANT OPERATION, BREAST RECONSTRUCTION
2 WEAR AN ARTIFICIAL BREAST, PROSTHESIS
3 WEAR A SPECIAL BRA/SPECIAL UNDERGARMENT
4 EXERCISES, PHYSICAL THERAPY
5 THERE IS NOTHING SHE CAN DO
6 OTHER (Specify): ______________________________

____

50a. (As you say) There is a procedure called breast reconstruction which involves surgery to build a new breast. If you had a breast removed, do you think you would want to have breast reconstruction? Do you think you would "definitely," "probably," "probably not," or "definitely not" want to have this done?

1 DEFINITELY WOULD
2 PROBABLY WOULD

3 PROBABLY WOULD NOT
4 DEFINITELY WOULD NOT → SKIP TO Q. 50c

5 DON'T KNOW → SKIP TO Q. 51

IF "1" OR "2" ON Q. 50a, ASK:

50b. Please tell me why you think you would want to have breast reconstruction? (DO NOT READ RESPONSES. CIRCLE AS MANY AS MENTIONED.)

1 BECAUSE I'M YOUNG
2 IF IT'S POSSIBLE
3 WOULD FEEL NORMAL/WHOLE
4 PSYCHOLOGICAL/SELF ESTEEM: FEEL BETTER IN GENERAL, MORE CONFIDENT, COMFORTABLE
5 FOR APPEARANCE
6 OTHER (Specify): ______________________________

____

7 DON'T KNOW

IF "3" OR "4" ON Q. 50a, ASK:

50c. Please tell me why you think you would not want to have breast reconstruction? (DO NOT READ RESPONSES. CIRCLE AS MANY AS MENTIONED.)

1 NOT NECESSARY
2 TOO EXPENSIVE
3 MIGHT HAVE SIDEEFFECTS/CAUSE NEW PROBLEMS/ CANCER MIGHT FLARE UP AGAIN
4 TOO OLD, NOT AT MY AGE
5 DON'T WANT TO GO THROUGH ANOTHER OPERATION/MORE PAIN
6 PROSTHESIS/ARTIFICAL BREAST IS OK
7 OTHER (Specify): ______________________________

____

8 DON'T KNOW

HAND RESPONDENT EXHIBIT F

51. I'm going to read a list of sentences about your own reactions to some situations. For each statement that I read, would you tell me, please, if you "agree strongly," "agree somewhat," "disagree somewhat," or "disagree strongly." The first statement is . . (REPEAT FOR EACH STATEMENT.)

	AGREE STRONGLY	AGREE SOMEWHAT	DISAGREE SOMEWHAT	DISAGREE STRONGLY	DON'T KNOW
a. The decision about whether I would have my breast removed should be made entirely by my doctor	1	2	3	4	5
b. Even if cancer were found in my breast, I would not allow my breast to be removed	1	2	3	4	5
c. If I had breast cancer, I'd want my husband/partner or someone close to help me make a decision about having a breast removed	1	2	3	4	5
d. Doctors sometimes remove women's breasts when it isn't necessary	1	2	3	4	5
e. Much progress has been made in treating breast cancer in the past ten years	1	2	3	4	5
f. If my doctor told me I must have a breast removed, I would get at least one other doctor's opinion first	1	2	3	4	5

TAKE BACK EXHIBIT F

Finally, I have a few questions for statistical purposes. Remember that the information you give us will remain strictly confidential.

52a. First, what is your employment status at the present time? Are you . (READ RESPONSES.)

1 Employed full-time
2 Employed part-time

3 Not employed outside the home → SKIP TO Q. 53
4 Retired → SKIP TO Q. 52d

IF "EMPLOYED," ASK:

52b. What kind of work do you do? What is your occupation? (RECORD VERBATIM.)

52c. What kind of business is that? What do they make or do? (RECORD VERBATIM.)

IF "RETIRED," ASK:

52d. What kind of work did you do? What was your occupation? (RECORD VERBATIM.)

52e. What kind of business was that? What did they make or do? (RECORD VERBATIM.)

53. What is the highest level of education which you completed? (DO NOT READ RESPONSES.)

1 LESS THAN HIGH SCHOOL
2 SOME HIGH SCHOOL
3 HIGH SCHOOL GRADUATE
4 SOME COLLEGE
5 COLLEGE DEGREE
6 GRADUATE WORK
7 REFUSED

HAND RESPONDENT EXHIBIT G

54. What was your total household income for 1978? Tell me the letter only, please. (CIRCLE ONE NUMBER.)

1 A. LESS THAN $7,500
2 B. $7,500 - $9,999
3 C. $10,000 - $14,999
4 D. $15,000 - $19,999
5 E. $20,000 - $24,999
6 F. $25,000 - $49,999
7 G. $50,000 - $99,999
8 H. $100,000 OR MORE
9 DON'T KNOW
0 REFUSED

TAKE BACK EXHIBIT G

55. What is your age? ________ YEARS (IF REFUSED, ESTIMATE.)

56. Where are you in relation to the menopause (change of life)?

1 HAVE NOT STARTED
2 HAVE STARTED
3 HAVE FINISHED

HAND RESPONDENT EXHIBIT H

57. What is your religious affiliation? Tell me the letter only, please. (CIRCLE ONE NUMBER.)

1 A. PROTESTANT
2 B. ROMAN CATHOLIC
3 C. JEWISH
4 D. OTHER (Specify): ________________________
5 E. NONE
6 F. REFUSED

TAKE BACK EXHIBIT H

HAND RESPONDENT EXHIBIT I

58. Which of the following categories best describes your race or ethnic origin? Tell me the letter only, please. (CIRCLE ONE NUMBER.)

1 A. AMERICAN INDIAN OR ALASKAN NATIVE
2 B. ASIAN OR PACIFIC ISLANDER
3 C. BLACK
4 D. HISPANIC (MEXICAN, CUBAN, PUERTO RICAN, OTHER CENTRAL/SOUTH AMERICAN)
5 E. WHITE

TAKE BACK EXHIBIT I

59. What is your current marital status? Are you . . . (READ ANSWER CATEGORIES.)

1 Married
2 Widowed
3 Divorced or separated
4 Or never been married
5 REFUSED (DON'T READ)

I'd like to thank you for taking the time to help us answer these important questions. The information you've given us will be very helpful. Thank you for your cooperation. GIVE RESPONDENT PAMPHLET.

GIVE RESPONDENT $5.00 AND HAVE HER SIGN THE RECEIPT FORM WHICH IS ATTACHED. AFTER RESPONDENT SIGNS THE RECEIPT, PLEASE DETACH THE FORM FROM THE INTERVIEW IN THE PRESENCE OF THE RESPONDENT, AND TURN IT IN TO YOUR SUPERVISOR WITH YOUR OTHER MATERIALS.

PLEASE OBTAIN A SIGNED COPY OF THE "INFORMED CONSENT RECORD."

TIME ENDED: ____________________

LENGTH OF INTERVIEW: ____________ Minutes

INT. NAME: ____________________________

INT. CODE NO.: ____________________________

DATE: ____________________________

OMB # 68-S78029
EXPIRES: April, 1981

51557
100179

LOCATION NUMBER: ______________________

LINE NUMBER: ______________________

TIME STARTED: ______________________

WOMEN'S HEALTH ISSUES

FORM B -- MALES

1. First of all, would you say your own health now in general is . . . (READ RESPONSES.)

1 Excellent
2 Very good
3 Good
4 Fair
5 Poor

2a. Thinking of your wife's (partner's) health, would you say her health in general is . . . (READ RESPONSES.)

1 Excellent
2 Very good
3 Good
4 Fair
5 Poor

2b. Still thinking about your wife's (partner's) health, how concerned or worried about her health would you say she has been during the past month? Would you say . . . (READ RESPONSES.)

1 Very concerned
2 Somewhat concerned
3 Not very concerned
4 Not concerned at all
5 DON'T KNOW (DON'T READ)

3. Which of the following things does your wife (partner) do to take care of her health? Does she . . . (READ EACH STATEMENT.)

	YES	NO	DON'T KNOW
a. Watch her diet and nutrition	1	2	3
b. Exercise regularly	1	2	3
c. Examine her breasts regularly for signs of cancer	1	2	3
d. Have a Pap smear on a regular basis	1	2	3
e. Have her blood pressure checked	1	2	3

HAND RESPONDENT EXHIBIT A

4a. Among the sources listed on this card, where would you say you get most of your information about health? (CIRCLE AS MANY ANSWERS AS RESPONDENT GIVES. PROBE FOR OTHER SOURCES.)

1 READING
2 TELEVISION
3 RADIO
4 TALKING WITH FAMILY, FRIENDS
5 DOCTOR, NURSE, CLINIC
6 FAMILY MEMBERS/FRIENDS IN THE MEDICAL PROFESSION
7 AT WORK
8 OTHER (Specify): ____________________
9 DON'T KNOW

TAKE BACK EXHIBIT A

IF "READING" ON Q. 4a, ASK Q. 4b. OTHERWISE SKIP TO Q. 5a:

SHOW EXHIBIT B

4b. Where, specifically, do you read about health?

1 READER'S DIGEST
2 WOMEN'S MAGAZINES (LADIES HOME JOURNAL, McCALL'S, ETC.)
3 NEWS MAGAZINES (TIME, NEWSWEEK, ETC.)
4 ALL OTHER MAGAZINES
5 NEWSPAPER
6 MEDICAL BOOKS/JOURNALS/MAGAZINES
7 ALL OTHER BOOKS
8 ALL OTHER (Specify): ____________________
9 DON'T KNOW

TAKE BACK EXHIBIT B

5a. Next, please tell me which specific diseases or illnesses worry you the most? (DO NOT READ RESPONSES. CIRCLE AS MANY AS MENTIONED.)

1 CANCER
2 HIGH BLOOD PRESSURE, HYPERTENSION
3 HEART ATTACK, HEART TROUBLE
4 STROKE
5 DIABETES
6 ARTHRITIS
7 EMOTIONAL STRESS/NERVES
8 OTHER (Specify): ____________________
9 NONE
0 DON'T KNOW

5b. We're interested in knowing how concerned or worried you are about getting cancer. Would you say you are concerned or worried . . . (READ RESPONSES.)

1 A great deal
2 Somewhat
3 Not very much
4 Not at all

IF "CANCER" MENTIONED IN Q. 5a, ASK Q. 5c. OTHERWISE SKIP TO Q. 6a:

5c. Can you tell me why cancer worries you most? (DO NOT READ RESPONSES. CIRCLE AS MANY AS MENTIONED.)

3 HAVE SEEN PEOPLE DIE, KNOW PEOPLE WHO'VE DIED
4 KNOW PEOPLE WHO HAVE HAD IT (NO MENTION OF DYING)
5 WE HEAR SO MUCH ABOUT IT/A LOT OF MEDIA COVERAGE
6 SO MANY PEOPLE HAVE IT/IT'S SO COMMON
7 THERE'S NO CURE/IT'S FATAL/HOPELESS
8 OTHER (Specify): ____________________
9 DON'T KNOW

6a. Now I'd like to talk about some specific health matters concerning women. In your opinion, what is the most serious health problem women face? (DO NOT READ RESPONSES. PROBE FOR ONE ANSWER.)

1 CANCER
2 HIGH BLOOD PRESSURE, HYPERTENSION
3 HEART ATTACK, HEART TROUBLE
4 STROKE
5 DIABETES
6 ARTHRITIS
7 EMOTIONAL STRESS/NERVES
8 LACK OF PROPER EXERCISE/POOR NUTRITION
9 OTHER (Specify): ______
0 DON'T KNOW

IF "CANCER" MENTIONED, ASK Q. 6b. OTHERWISE SKIP TO Q. 7:

6b. Which specific type of cancer is that? (CIRCLE AS MANY AS MENTIONED.)

1 BREAST
2 UTERINE, CERVICAL, VAGINA
3 LUNG
4 CANCER IN GENERAL/ALL FORMS
5 OTHER (Specify): ______
6 DON'T KNOW

7. These days we hear a lot about breast cancer. What is the first thing that comes to your mind when breast cancer is mentioned? (DO NOT READ RESPONSES. CIRCLE ONLY ONE.)

1 LOSS OF BREAST, MASTECTOMY, SURGERY, BREAST REMOVAL
2 LUMP IN BREAST, REMOVAL OF LUMP
3 DEATH, DYING, SPREAD OF CANCER
4 PAIN, SICKNESS
5 I THINK OF FRIENDS/RELATIVES WHO HAVE HAD IT/SYMPATHETIC
6 CONCERNED ABOUT WIFE HAVING IT, SHE SHOULD CHECK HER BREASTS, GO TO DOCTOR
7 OTHER (Specify): ______
8 DON'T KNOW

HAND RESPONDENT EXHIBIT C

8. Which of these is closest to the number of women you think will get breast cancer at some time during their lives?

1 ONE WOMAN OUT OF EVERY FIVE
2 1 OUT OF 15
3 1 OUT OF 25
4 1 OUT OF 50
5 1 OUT OF 100
6 DON'T KNOW

TAKE BACK EXHIBIT C

9a. Have you recently seen or heard anything about breast cancer?

1 YES
2 NO
3 DON'T KNOW → SKIP TO Q. 10

IF "YES," ASK:

9b. Where did you see or hear something most recently? (CIRCLE AS MANY AS MENTIONED.)

1 MAGAZINE
2 NEWSPAPER
3 TV
4 PHYSICIANS, DOCTORS
5 HEALTH CLINIC, HOSPITAL
6 FRIENDS, FAMILY
7 OTHER (Specify): ____________________
8 DON'T KNOW

9c. Tell me about it, please. (DO NOT READ RESPONSES. CIRCLE ALL THAT APPLY.)

1 BREAST SELF-EXAMINATION: BE AWARE OF HOW TO CHECK SELF: MORE WOMEN DISCOVER LUMPS THAN DOCTORS DO

2 PROMINENT PEOPLE WHO'VE HAD BREAST CANCER: MRS. ROCKEFELLER: FORMER PRESIDENT'S WIFE--MRS. FORD

3 HOPEFUL OUTCOME: TREATMENT CAN TAKE CARE OF SOME CASES: NOT A DREADFUL THING, CURES HAVE BEEN FOUND

4 EXPERIENCE OF PERSON WHO HAD: SHOW ON TV RE WOMAN WHO HAD: FRIEND HAD A LUMP

5 SHOWED/DESCRIBED THE DIFFERENT TREATMENTS/PROCEDURES INVOLVED

6 OTHER (Specify): ____________________

____

7 DON'T KNOW/DON'T REMEMBER

10. What do you think the chances are that your wife (partner) will have breast cancer some day? Do you think this is . . . (READ RESPONSES.)

1 Very likely to happen to her
2 Somewhat likely to happen to her
3 Somewhat unlikely to happen to her
4 Very unlikely to happen to her
5 DON'T KNOW (DON'T READ)

11. Next I'd like to talk to you about who you think is most likely to get breast cancer. I will read you a list of choices. Please tell me who you think are more likely to get breast cancer. (REPEAT FOR EACH PAIR.)

a. ...white women or black women, or is there no difference?

1 WHITE WOMEN MORE LIKELY
2 BLACK WOMEN MORE LIKELY
3 NO DIFFERENCE
4 DON'T KNOW

b. ...women over age 50 or women under age 50, or is there no difference?

1 WOMEN OVER 50 MORE LIKELY
2 WOMEN UNDER 50 MORE LIKELY
3 NO DIFFERENCE
4 DON'T KNOW

c. Remember, you are telling me who you think are more likely to get breast cancer. ...women who take birth control pills or women who don't take birth control pills, or is there no difference?

1 WOMEN WHO TAKE BIRTH CONTROL PILLS MORE LIKELY
2 WOMEN WHO DO NOT TAKE BIRTH CONTROL PILLS MORE LIKELY
3 NO DIFFERENCE
4 DON'T KNOW

d. ...women who have their first child before age 30, women who have their first child after age 30, or is there no difference?

1 WOMEN WHO HAVE THEIR FIRST CHILD BEFORE AGE 30 MORE LIKELY
2 WOMEN WHO HAVE THEIR FIRST CHILD AFTER AGE 30 MORE LIKELY
3 NO DIFFERENCE
4 DON'T KNOW

e. ...women who breast-feed their children, or women who do not breast-feed their children, or is there no difference?

1 WOMEN WHO BREAST-FEED THEIR CHILDREN MORE LIKELY
2 WOMEN WHO DO NOT BREAST-FEED THEIR CHILDREN MORE LIKELY
3 NO DIFFERENCE
4 DON'T KNOW

f. ...women whose mothers or sisters have had breast cancer, or women whose mothers and sisters have not had breast cancer, or is there no difference?

1 WOMEN WHOSE MOTHERS OR SISTERS HAVE HAD BREAST CANCER MORE LIKELY
2 WOMEN WHOSE MOTHERS OR SISTERS HAVE NOT HAD BREAST CANCER MORE LIKELY
3 NO DIFFERENCE
4 DON'T KNOW

12. Next, I'm going to read you some statements. Please tell me if you agree or disagree with the statement.

	AGREE	DISAGREE	DON'T KNOW
a. Bumping or bruising the breasts can cause breast cancer	1	2	3
b. Breast cancer is contagious	1	2	3
c. Fondling or caressing the breasts can cause breast cancer	1	2	3

13. What do you think are the signs or symptoms of breast cancer? (DO NOT READ RESPONSES. PROBE AND CIRCLE AS MANY ANSWERS AS RESPONDENT GIVES.) Anything else? (DO NOT READ RESPONSES.)

1 LUMPS IN BREAST
2 PAIN/SORENESS/BURNING IN BREAST OR NIPPLE
3 DISCHARGE FROM NIPPLE
4 DISCOLORATION IN BREAST
5 SWELLING OR ENLARGEMENT OF THE BREAST
6 CHANGES IN BREAST OR NIPPLE
7 OTHER (Specify): ____________________

____

8 DON'T KNOW

14. Lumps in the breast are one possible symptom of breast cancer. Out of every ten breast lumps which occur, how many do you think turn out to be cancer? (DO NOT FORCE RESPONDENT TO GUESS. RECORD "D/K" IF HE IS UNABLE TO GIVE A NUMBER.)

__________ OUT OF TEN

15. Do you know of any things a doctor would do to check a woman for breast cancer?

1 YES
2 NO → SKIP TO Q. 17

IF "YES," ASK:

16. What does a doctor do to check a woman for breast cancer? (DO NOT READ RESPONSES. PROBE AND CIRCLE AS MANY ANSWERS AS RESPONDENT GIVES.)

1 X-RAY
2 MAMMOGRAM, MAMMOGRAPHY
3 FEELING THE BREAST FOR LUMPS/MANUAL EXAM
4 OTHER (Specify): ____________________
5 DON'T KNOW

17. If a woman has a lump in her breast, what does a doctor do to find out if it is cancer? (DO NOT READ RESPONSES. CIRCLE AS MANY AS MENTIONED.)

1 BIOPSY
2 X-RAYS
3 DRAIN FLUID
4 RUN TESTS (GENERAL)
5 MAMMOGRAM
6 OTHER (Specify): ______________________
7 DON'T KNOW

INTERVIEWER NOTE: IF "MAMMOGRAM/MAMMOGRAPHY" WAS MENTIONED IN Q. 16 OR Q. 17, SKIP TO Q. 18b.

18a. Have you ever heard of a mammogram (MAM O GRAM) or mammography (MAM AH GRAF EE)?

1 YES
2 NO
3 DON'T KNOW

→ SKIP TO Q. 19

IF "YES" ON Q. 18a OR MAMMOGRAM ON Q. 16 OR Q. 17, ASK:

18b. Can you tell me what mammography is, please? (DO NOT READ RESPONSES.)

1 TEST FOR BREAST CANCER
2 TEST FOR CANCER (BREAST NOT MENTIONED): FORM OF DETECTING CANCER; EXAM FOR CANCER
3 TEST (CANCER NOT MENTIONED)
4 BREAST X-RAY; MAMMARY GLAND X-RAY
5 X-RAY: TYPE OF X-RAY; X-RAY THAT CAN FIND A LUMP (BREAST NOT MENTIONED)
6 OTHER (Specify): ______________________

____

7 NO, DON'T KNOW

18c. Can you tell me what you've heard about mammography? (DO NOT READ RESPONSES. CIRCLE AS MANY AS MENTIONED.) PROBE: Is there anything else, either good or bad, that you've heard about mammography? (PROBE THOROUGHLY.)

1 TEST FOR CANCER/DETECTS CANCER AT AN EARLY STAGE
2 BETTER THAN MANUAL EXAM; BETTER THAN HAND
3 SHOULD NOT BE USED TOO OFTEN
4 SHOULD NOT HAVE IT UNDER CERTAIN CONDITIONS; SHOULD NOT BE USED IN CHILDBEARING YEARS; GOOD THING FOR PEOPLE AT CERTAIN AGES
5 TOO MUCH RADIATION; RADIATION CAN CAUSE CANCER
6 USEFUL DIAGNOSTIC TOOL/ONE OF THE LATEST THINGS
7 OTHER (Specify): ______________________

____

8 NOTHING, DON'T KNOW

ASK EVERYONE:

19. After a doctor finds out that a woman actually has breast cancer, what do you think is done to treat the disease? (DO NOT READ RESPONSES. CIRCLE AS MANY AS MENTIONED.)

1 SURGERY, OPERATION, BREAST REMOVED
2 MASTECTOMY
3 CHEMOTHERAPY, DRUGS, MEDICATION
4 RADIATION/X-RAY/COBALT
5 OTHER (Specify): ____________________
6 DON'T KNOW

INTERVIEWER NOTE: IF RESPONDENT MENTIONED "MASTECTOMY" IN Q. 19, SKIP TO Q. 20b.

20a. Have you ever heard of mastectomy (MA STEK TA MEE)?

1 YES
2 NO → SKIP TO Q. 21a
3 DON'T KNOW → SKIP TO Q. 21a

IF "YES" ON Q. 20a OR "2" ON Q. 19, ASK:

20b. Can you please tell me what a mastectomy is? (DO NOT READ RESPONSES.)

1 REMOVAL OF BREAST
2 OPERATION FOR BREAST CANCER
3 OTHER (Specify): ____________________
4 DON'T KNOW

21a. (Actually) (As you say), mastectomy is an operation for breast cancer. So far as you know, is there more than one kind of operation for breast cancer?

1 YES, MORE THAN ONE
2 NO
3 DON'T KNOW

21b. (Actually) (As you say), there are several operations, ranging from removal of lump, or removal of whole breast, to removal of breast and chest muscles. So far as you know, what determines how much will be removed in an operation for breast cancer? (DO NOT READ RESPONSES. CIRCLE AS MANY AS MENTIONED.)

1 SPREAD OF CANCER/HOW BAD IT IS
2 HOW EARLY DETECTED
3 WOMAN'S PREFERENCE
4 DOCTOR'S PREFERENCE (OPINION)
5 HOW LONG LUMP PRESENT
6 SIZE OF LUMP
7 OTHER (Specify): ____________________
8 DON'T KNOW

22. If a woman has a lump in her breast, the doctor may recommend that she have an operation to find out if the lump is cancer. From what you know, is she required, before the operation, to give the doctor permission to go ahead and remove her breast if the lump turns out to be cancer?

1 YES
2 NO
3 DON'T KNOW

23. If your wife (partner) had a lump in her breast and the doctor recommended an operation to find out if it was cancer, which would you rather do? (READ RESPONSES.)

1 Give the doctor permission, before the operation, to go ahead and remove the breast immediately if the lump is cancer

2 Or wait until after the operation. Then, if the lump turns out to be cancer, talk to the doctor about possible treatments

3 DON'T KNOW (DON'T READ)

24a. Can you tell me what the initials BSE stand for?

1 BREAST SELF EXAM, EXAMINATION → SKIP TO Q. 27
2 NO/DON'T KNOW
3 OTHER (Specify): ____________________

IF "NO/DON'T KNOW," OR "OTHER," ASK:

24b. BSE stands for Breast Self-Examination. Have you ever heard of Breast Self-Examination, where a woman examines her breasts at home for possible signs of cancer?

1 YES
2 NO
3 DON'T KNOW → SKIP TO Q. 34

NOTE: Q.25 AND Q.26 ARE NOT INCLUDED IN THIS QUESTIONNAIRE

IF AWARE OF BREAST SELF-EXAMINATION ("1" ON Q. 24a OR Q. 24b), ASK:

27. As far as you know, has your wife (partner) ever done Breast Self-Examination?

1 YES
2 NO
3 DON'T KNOW

28. Do you think it (is) (would be) a good idea for her to examine her breasts?

1 YES
2 NO → SKIP TO Q. 30
3 DON'T KNOW → SKIP TO Q. 30

IF "YES," ASK:

29. Why do you think it (is) (would be) a good idea for her to examine her breasts? (DO NOT READ RESPONSES.)

1 EARLY DETECTION, IF FIND A LUMP CAN SEE THE DOCTOR
2 SELF AWARENESS, WIFE (PARTNER) SHOULD KNOW HERSELF BETTER, LOOK AFTER HER OWN INTERESTS, BE CONCERNED ABOUT HERSELF
3 OTHER (Specify): ______________________________

____

4 DON'T KNOW

SKIP TO. Q. 31 IF WIFE HAS DONE BSE ("1" ON Q. 27). OTHERWISE SKIP TO Q. 34.

IF "NO"/"DON'T KNOW" ON Q. 28, ASK:

30. Why don't you think it (is) (would be) a good idea for her to examine her breasts? (DO NOT READ RESPONSES.)

1 IF FIND A LUMP WILL WORRY, POSSIBLY UNNECESSARILY
2 NOT THOROUGH, ACCURATE; WOMEN LACK KNOWLEDGE TO DIAGNOSE, WON'T KNOW WHAT SHE'S LOOKING FOR
3 OTHER (Specify): ______________________________

____

4 DON'T KNOW

SKIP TO Q. 39.

IF WIFE (PARTNER) HAS DONE BSE ("1" ON Q. 27), ASK:

31. Have you ever helped your wife (partner) examine her breasts for signs of cancer?

1 YES
2 NO → SKIP TO Q. 34

IF "YES," ASK:

32. How do you feel about helping your wife (partner) examine her breasts for signs of cancer? (DO NOT READ RESPONSES.)

1 VERY POSITIVE: FINE, IT'S FUN, GREAT

2 POSITIVE: TWO HEADS ARE BETTER THAN ONE; NO DIFFERENT FROM A DOCTOR DOING IT

3 NEUTRAL: I DON'T MIND, IT DOESN'T MATTER

4 NEGATIVE: NOT NECESSARY; HAVE ENOUGH PROBLEMS OF MY OWN; FEEL FUNNY ABOUT IT; WOMEN CAN HANDLE THEMSELVES

5 VERY NEGATIVE: DON'T LIKE IT; DON'T NEED/WANT TO HELP

6 UP TO WIFE (PARTNER): FINE FOR ME, BUT SHE'S SQUEAMISH; SHE DOESN'T LIKE IT, HAS TO DECIDE FOR HERSELF

7 OTHER (Specify): ______________________

____

8 DON'T KNOW, UNSURE

33. How confident are you in your ability to help examine your wife's (partner's) breasts? Would you say you are . . . (READ RESPONSES.)

1 Very confident
2 Somewhat confident
3 Not very confident
4 Not at all confident
5 DON'T KNOW (DON'T READ)

SKIP TO Q. 36.

IF HUSBAND HAS NEVER HEARD OF BSE ("2" OR "3" ON Q. 24b), OR HAS NEVER HELPED WIFE (PARTNER) DO BSE ("2" ON Q. 31), ASK:

34. Would you like to learn the proper techniques to help your wife (partner) examine her breasts? Would you say you . . . (READ RESPONSES.)

1 Definitely would
2 Probably would
→ SKIP TO Q. 36

3 Probably would not
4 Definitely would not want to learn
5 DON'T KNOW (DON'T READ)

IF "3" THROUGH "5" ON Q. 34, ASK:

35. Are there any special reasons why you wouldn't want to be taught how to examine your wife's (partner's) breasts? (DO NOT READ RESPONSES.)

1 FEAR OF FINDING LUMP
2 NOT NECESSARY, DOCTOR CHECKS HER
3 IT WON'T HAPPEN TO HER
4 WIFE (PARTNER) SHOULD BE ABLE TO CHECK HERSELF/DO IT HERSELF
5 FEEL UNCOMFORTABLE ABOUT IT
6 OTHER (Specify): ____________________

____

7 NONE, DON'T KNOW OF ANY

36. How do you think your wife (partner) (feels) (would feel) about the idea of your helping her to examine her breasts? (DO NOT READ RESPONSES.)

1 VERY POSITIVE: FINE, WOULD BE FUN, GREAT

2 POSITIVE: TWO HEADS ARE BETTER THAN ONE; NO DIFFERNT FROM A DOCTOR DOING IT

3 NEUTRAL: WOULDN'T MIND, AFTER 15/20 YEARS: WOULDN'T MATTER

4 NEGATIVE: NOT NECESSARY; HAS ENOUGH PROBLEMS OF HIS OWN; FEEL FUNNY ABOUT IT; WOMEN CAN HANDLE THEMSELVES

5 VERY NEGATIVE: NO WAY; DON'T NEED HIS HELP

6 UP TO HUSBAND (PARTNER): FINE FOR WIFE BUT HUSBAND (PARTNER) WOULD BE SQUEAMISH; HE WOULD HAVE TO DECIDE FOR HIMSELF

7 OTHER (Specify): ____________________

____

8 DON'T KNOW, UNSURE

NOTE: Q.37 AND Q.38 ARE NOT INCLUDED IN THIS QUESTIONNAIRE.

ASK EVERYONE:

39. How likely is it that a doctor would find a lump or other possible symptom of breast cancer when examining someone's breasts during a routine physical examination? Would you say it is . . . (READ RESPONSES.)

1 Very likely he would find it
2 Somewhat likely he would find it
3 Not very likely he would find it
4 Not at all likely he would find it
5 DON'T KNOW (DON'T READ)

40. How likely is it that a woman with a breast lump would find it when examining her own breasts? Would you say it is . . . (READ RESPONSES.)

1 Very likely she would find it
2 Somewhat likely she would find it
3 Not very likely she would find it
4 Not at all likely she would find it
5 DON'T KNOW (DON'T READ)

NOTE: Q.41 IS NOT INCLUDED IN THIS QUESTIONNAIRE.

42. Next, I'm going to read you a list of statements. For each one, please tell me if you "agree strongly," "agree somewhat," "disagree somewhat," or "disagree strongly." The first statement is (READ FIRST STATEMENT.) Do you agree strongly, agree somewhat, disagree somewhat, or disagree strongly? (RECORD AND REPEAT FOR EACH STATEMENT.)

	AGREE STRONGLY	AGREE SOMEWHAT	DISAGREE SOMEWHAT	DISAGREE STRONGLY	DON'T KNOW
a. Once a woman finds a breast lump, it is usually too late to do anything about it	1	2	3	4	5
b. Most women discover a breast lump before the doctor does	1	2	3	4	5
c. If a breast lump is not painful, it probably is not cancer	1	2	3	4	5

Next, I'd like to ask you about your wife's (partner's) experiences with breast problems.

43a. Has your wife (partner) ever had any medical problems with her breasts?

1 YES
2 NO → SKIP TO 44a

IF "YES," ASK:

43b. Who discovered the problem -- your wife (partner), you yourself, or the doctor?

1 WIFE (PARTNER)
2 HUSBAND (PARTNER)
3 DOCTOR

44a. Have you ever personally known anyone who had breast cancer?

1 YES
2 NO → SKIP TO Q. 45

IF "YES," ASK:

44b. What was her (or their) relationship to you? (DO NOT READ RESPONSES. CIRCLE AS MANY ANSWERS AS RESPONDENT GIVES.)

1 MOTHER (NATURAL MOTHER ONLY)
2 SISTER (NATURAL SIBLING ONLY)
3 OTHER FEMALE RELATIVE (AUNT, STEPSISTER, ETC.)
4 FRIEND, OTHER NONRELATED PERSON

44c. What treatment(s) did she (they) have for the cancer? (DO NOT READ RESPONSES. CIRCLE AS MANY AS APPLY.)

1 SURGERY, OPERATION, BREAST REMOVED
2 MASTECTOMY
3 CHEMOTHERAPY, DRUGS, MEDICATION
4 RADIATION/X-RAY/COBALT
5 OTHER (Specify): ______________________________
6 DON'T KNOW

HAND RESPONDENT EXHIBIT D

45. Next, I'd like you to imagine a woman about your wife's (partner's) age who has had her breast removed. One year later, her life might be different than before her operation. I'm going to read a list of ways her life might have changed. For each one, please tell me if you think having had a breast removed would change this woman's life "a great deal," "somewhat," "very little," or "not at all." First, think of this woman's social life, such as going to a meeting or the movies. Do you think having had a breast removed would change a woman's social life "a great deal," "somewhat," "very little," or "not at all"? (RECORD AND REPEAT FOR EACH.)

	A GREAT DEAL	SOME-WHAT	VERY LITTLE	NOT AT ALL	DON'T KNOW
a. Social life, such as going to a meeting or to the movies	1	2	3	4	5
b. Job, such as office work	1	2	3	4	5
c. Strenuous housework, such as scrubbing floors or cleaning windows	1	2	3	4	5
d. Sexual relationships	1	2	3	4	5
e. Social relationships with men	1	2	3	4	5
f. Participation in strenuous sports, such as tennis or bowling	1	2	3	4	5

TAKE BACK EXHIBIT D

46. Having a breast removed might affect some women's lives in different ways than others. In your opinion, would losing a breast be more difficult for a single woman or a married woman, or is there no difference?

1 MORE DIFFICULT FOR SINGLE WOMAN
2 MORE DIFFICULT FOR MARRIED WOMAN
3 NO DIFFERENCE
4 DON'T KNOW

47a. Would losing a breast be more difficult for a woman under 35 or for a woman over 35, or is there no difference?

1 MORE DIFFICULT FOR A WOMAN UNDER 35
2 MORE DIFFICULT FOR A WOMAN OVER 35
3 NO DIFFERENCE
4 DON'T KNOW

47b. Suppose that a single man about your age was going out with a woman who had found out that she had breast cancer and had to have her breast removed. After her operation, how do you think he would feel about her physically? Do you think he would find her . . . (READ RESPONSES.)

1 Much less attractive
2 Somewhat less attractive
3 Just as attractive as before her operation
4 DON'T KNOW (DON'T READ)

47c. Which do you think a man would find more difficult -- if his wife (partner) had a hysterectomy or if she had a breast removed? (DO NOT READ RESPONSES.)

1 HYSTERECTOMY MORE DIFFICULT
2 BREAST REMOVAL MORE DIFFICULT
3 BOTH SAME
4 DON'T KNOW

47d. Suppose your wife (partner) had breast cancer and had to have her breast removed. What do you think your feeling would be? (DO NOT READ RESPONSES.)

1 SYMPATHY, COMPASSION, SUPPORT FOR WIFE; STAND BESIDE HER
2 BE GLAD SHE'S ALIVE
3 WOULD MAKE NO DIFFERENCE/WOULD LOVE HER JUST THE SAME
4 WOULD BE UPSET/CONCERNED/SORROWFUL (PERSONAL SADNESS)
5 OTHER (Specify): ____________________

____

6 DON'T KNOW

HAND RESPONDENT EXHIBIT E

48. Suppose again that your wife (partner) had breast cancer and had to have her breast removed. I'm going to read a list of concerns that some women have. For each one, would you tell me if you think you would be "extremely concerned," "quite concerned," "somewhat concerned," or "not at all concerned." (ASK FOR EACH SENTENCE LISTED BELOW. START WITH THE FIRST STATEMENT, IRRESPECTIVE OF THE LETTER.)

	EXTREMELY CONCERNED	QUITE CONCERNED	SOMEWHAT CONCERNED	NOT AT ALL CONCERNED	DON'T KNOW
a. She would look unattractive	1	2	3	4	5
b. The cancer might return	1	2	3	4	5
c. Medical costs would be very high	1	2	3	4	5
d. Drug treatments may cause her hair to fall out	1	2	3	4	5
e. Radiation treatment may cause skin damage	1	2	3	4	5
f. She might not be able to work anymore	1	2	3	4	5
g. Her illness might cause problems for your family	1	2	3	4	5
h. Surgery might not have removed all the cancer	1	2	3	4	5
i. There might be a lot of pain	1	2	3	4	5
j. Her friends would avoid her	1	2	3	4	5
k. She might die	1	2	3	4	5

TAKE BACK EXHIBIT E

49. After a woman has had her breast removed what can she do, if anything, to restore her normal appearance? (DO NOT READ RESPONSES. CIRCLE AS MANY AS MENTIONED.) PROBE: Anything else?

1 HAVE SURGERY TO BUILD A NEW BREAST, IMPLANT OPERATION, BREAST RECONSTRUCTION
2 WEAR AN ARTIFICIAL BREAST, PROSTHESIS
3 WEAR A SPECIAL BRA/SPECIAL UNDERGARMENT
4 EXERCISES, PHYSICAL THERAPY
5 THERE IS NOTHING SHE CAN DO
6 OTHER (Specify): ______________________________

____

best copy available

50a. (As you say) There is a procedure called breast reconstruction which involves surgery to build a new breast. If your wife (partner) had a breast removed, do you think you would want her to have breast reconstruction? Do you think you would "definitely," "probably," "probably not," or "definitely not" want to have this done?

1 DEFINITELY WOULD
2 PROBABLY WOULD

3 PROBABLY WOULD NOT
4 DEFINITELY WOULD NOT → SKIP TO Q. 50c

5 DON'T KNOW → SKIP TO Q. 50d

IF "1" OR "2" ON Q. 50a, ASK:

50b. Please tell me why you think you would want her to have breast reconstruction (DO NOT READ RESPONSES. CIRCLE AS MANY AS MENTIONED.)

1 BECAUSE WE ARE YOUNG; SHE'S YOUNG
2 IF IT'S POSSIBLE
3 WOULD FEEL NORMAL/WHOLE
4 PSYCHOLOGICAL/SELF ESTEEM: FEEL BETTER IN GENERAL, MORE CONFIDENT, COMFORTABLE
5 FOR APPEARANCE
6 OTHER (Specify): ____________________

____

7 DON'T KNOW

IF "3" OR "4" ON Q. 50a, ASK:

50c. Please tell me why you think you would not want her to have breast reconstruction? (DO NOT READ RESPONSES. CIRCLE AS MANY AS MENTIONED.)

1 NOT NECESSARY
2 TOO EXPENSIVE
3 MIGHT HAVE SIDEEFFECTS/CAUSE NEW PROBLEMS/ CANCER MIGHT FLARE UP AGAIN
4 TOO OLD, NOT AT HER AGE
5 DON'T WANT HER TO GO THROUGH ANOTHER OPERATION/MORE PAIN
6 PROSTHESIS/ARTIFICAL BREAST IS OK
7 OTHER (Specify): ____________________

____

8 DON'T KNOW

50d. Do you think your wife (partner) would want to have breast reconstruction? That is, do you think she . . . (READ RESPONSES.)

1 Definitely would
2 Probably would
3 Probably would not
4 Definitely would not want to have breast reconstruction
5 DON'T KNOW (DON'T READ)

HAND RESPONDENT EXHIBIT F

51. I'm going to read a list of sentences about your own reactions to some situations. For each statement that I read, would you tell me, please, if you "agree strongly," "agree somewhat," "disagree somewhat," or "disagree strongly." The first statement is . . . (REPEAT FOR EACH STATEMENT.)

	AGREE STRONGLY	AGREE SOMEWHAT	DISAGREE SOMEWHAT	DISAGREE STRONGLY	DON'T KNOW
a. The decision about whether she would have her breast removed should be made entirely by her doctor	1	2	3	4	5
b. Even if cancer were found in her breast, I would not want my wife's (partner's) breast to be removed	1	2	3	4	5
c. If she had breast cancer, I'd want to help her make a decision about having a breast removed	1	2	3	4	5
d. Doctors sometimes remove women's breasts when it isn't necessary	1	2	3	4	5
e. Much progress has been made in treating breast cancer in the past ten years	1	2	3	4	5
f. If my wife's (partner's) doctor told her she must have a breast removed, I would want her to get at least one other doctor's opinion first	1	2	3	4	5

TAKE BACK EXHIBIT F

Finally, I have a few questions for statistical purposes. Remember that the information you give us will remain strictly confidential.

52a. First, what is your employment status at the present time? Are you . . . (READ RESPONSES.)

1 Employed full-time
2 Employed part-time

3 Not employed outside the home → SKIP TO Q. 53
4 Retired → SKIP TO Q. 52d

IF "EMPLOYED," ASK:

52b. What kind of work do you do? What is your occupation? (RECORD VERBATIM.)

____

52c. What kind of business is that? What do they make or do? (RECORD VERBATIM.)

____

____

IF "RETIRED," ASK:

52d. What kind of work did you do? What was your occupation? (RECORD VERBATIM.)

____

52e. What kind of business was that? What did they make or do? (RECORD VERBATIM.

____

____

53. What is the highest level of education which you completed? (DO NOT READ RESPONSES.)

1 LESS THAN HIGH SCHOO
2 SOME HIGH SCHOOL
3 HIGH SCHOOL GRADUATE
4 SOME COLLEGE
5 COLLEGE DEGREE
6 GRADUATE WORK
7 REFUSED

HAND RESPONDENT EXHIBIT G

54. What was your total household income for 1978? Tell me the letter only, please. (CIRCLE ONE NUMBER.)

1 A. LESS THAN $7,500
2 B. $7,500 - $9,999
3 C. $10,000 - $14,999
4 D. $15,000 - $19,999
5 E. $20,000 - $24,999
6 F. $25,000 - $49,999
7 G. $50,000 - $99,999
8 H. $100,000 OR MORE
9 DON'T KNOW
0 REFUSED

TAKE BACK EXHIBIT G

55. What is your age? ________ YEARS (IF REFUSED, ESTIMATE.)

NOTE: Q.56 NOT INCLUDED IN THIS QUESTIONNAIRE.

HAND RESPONDENT EXHIBIT H

57. What is your religious affiliation? Tell me the letter only, please. (CIRCLE ONE NUMBER.)

1 A. PROTESTANT
2 B. ROMAN CATHOLIC
3 C. JEWISH
4 D. OTHER (Specify): ________________________
5 E. NONE
6 F. REFUSED

TAKE BACK EXHIBIT H

HAND RESPONDENT EXHIBIT I

58. Which of the following categories best describes your race or ethnic origin? Tell me the letter only, please. (CIRCLE ONE NUMBER.)

1 A. AMERICAN INDIAN OR ALASKAN NATIVE
2 B. ASIAN OR PACIFIC ISLANDER
3 C. BLACK
4 D. HISPANIC (MEXICAN, CUBAN, PUERTO RICAN, OTHER CENTRAL/SOUTH AMERICAN)
5 E. WHITE

TAKE BACK EXHIBIT I

59. What is your current marital status? Are you . . . (READ ANSWER CATEGORIES.)

1 Married
2 Widowed
3 Divorced or separated
4 Or never been married
5 REFUSED (DON'T READ)

I'd like to thank you for taking the time to help us answer these important questions. The information you've given us will be very helpful. Thank you for your cooperation.

GIVE RESPONDENT $5.00 AND HAVE HIM SIGN THE RECEIPT FORM WHICH IS ATTACHED. AFTER RESPONDENT SIGNS THE RECEIPT, PLEASE DETACH THE FORM FROM THE INTERVIEW IN THE PRESENCE OF THE RESPONDENT, AND TURN IT IN TO YOUR SUPERVISOR WITH YOUR OTHER MATERIALS.

PLEASE OBTAIN A SIGNED COPY OF THE "INFORMED CONSENT RECORD"

TIME ENDED: ________________

INT. NAME: ____________________________

LENGTH OF INTERVIEW: ________ (Minutes)

INT. CODE NO.: ________________________

DATE: ________________________________

RECEIPT FORM

Received from a representative of Opinion Research Corporation--$5.00

(Signature)

(Date)

51557(SUPPL.)
101779

PROBLEMAS DE SALUD DE LA MUJER
ESCRENAIRO

LOCATION NUMBER: ______________________

DIRECCION DEL APARTAMENTO:
(De numero del apartamento-
piso y otra descripcion si
es necesaria.)

____

____

INTRODUCCION: Yo soy ____________________ de Opinion Research Corporation de Nueva Jersey. Estamos haciendo un estudio para el Departamento de Salud, Educación y Bienestar de los Estados Unidos sobre las ideas que la gente tienen sobre la salud para ayudarnos a aprendar mas sobre la salud.

DE AL RESPONDIENTE LA TARJETA Y

A. Por razones para conocer quien va a participar en esta encuesta, por favor digame cuál de las categorias mencionadas en esta tarjeta describen de la mejor manera su raza u origen. Digame la letra solamente por favor.

1 A. NEGRA

2 B. HISPÁNICA (MEJICANA, CUBANA, PUERTORRIQUEÑA, AMÉRICA CENTRAL, AMÉRICA DEL SUR)

SI HISPÁNICA CONTINUE. DE OTRA MANERA, TERMINE.

3 C. BLANCA

4. D. OTRA

RECOJA LA TARJETA Y

B. La primera pregunta es sobre su salud en general. Algún doctor o enfermera le ha dicho alguna vez que usted tuvo alguna de las siguientes enfermendades. La primera es "presión sanguinea alta." ¿Alguna vez un doctor o enfermera le dijo que Usted tuvo presión sanguinea alta? (ANOTE Y REPITA POR CADA ENFERMEDAD.) (CIRCULES TODAS LAS QUE APLIQUEN.)

1 Presión sangúinea alta
2 Ulceras
3 Artritis
4 Cáncer del seno → SI LA RESPONDIENTE TUVO CANCER DE SENO, TERMINE LA ENTREVISTA
5 Diabetis
6 Enfermedad del corazón
7 NINGUNO DE LOS ANTERIORES (NO LEA)

- TURN OVER -

C. (DE LA CARTA DEL DEPARTAMENTO DE SALUD A LA RESPONDIENTE.)

Esta carta del Departamento de Salud describe la extensión y el objectivo de este estudio - por favor mire a la carta cuando yo se la lea usted.

(LEA LA CARTA A LA RESPONDIENTA Y DIGA:)

Esta entrevista (encuesta) va a demorarse sobre unos 30 minutos. Nosotros le daremos $5.00 en apreciación por so ayuda en este estudio.

D Tiene Ud. esposo o compañero que vive en su casa:

1. Si → Marque en la pagina del frente de este cuandernillo: "Si" -- Esposo/compañero vive en casa.
2. No → Marque en la pagina del frente del este cuandernillo: "No" -- No esposo/compañero vive in casa.

ATTACH FACESHEET TO COMPLETED INTERVIEW

51557 (SUPPL)
101879

LOCATION NUMBER: ____________________

TIME STARTED: ____________________

RECORD FROM FACE SHEET
SPOUSE/PARTNER IN HOUSEHOLD:
( ) YES
( ) NO

PROBLEMAS DE SALUD DE LA MUJER

FORMULARIO A

1a. En primer lugar, ¿le parece a Usted que su salud en general es ahora... (LEA LAS RESPUESTAS.)

1 Excelente
2 Buena
3 Regular, o
4 Mala?

1b. Quisiera saber si Usted ha estado preocupada sobre su salud en este mes pasado. Diría Usted que está .... (LEA LAS RESPUESTAS.)

1 Muy preocupada
2 Algo preocupada
3 No muy preocupada
4 No está preocupada en absoluto
5 NO SÉ (NO LEA)

2. ¿Podría decirme cuantas veces durante el último año visitó Usted a un médico para un reconocimiento médico, es decir, NO porque tuviera algún malestar? No incluya a los oculistas y dentistas.

(RECORDE NUMERO) ____________________

[illegible] DEPARTAMENTO DE SALUD [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

3. ¿Qué cosas hàce Usted para cuidar su salud? (LEA LAS RESPUESTAS.)

	SI	NO	NO SABE
a. ¿Vigila sus comidas y su nutrición........................	1	2	3
b. ¿Hace ejericio regularmente?	1	2	3
c. ¿Se examina los senos para ver si hay indicios de cáncer............	1	2	3
d. ¿Hacerce una examinación-PAP- como un chequeo regularmente?	1	2	3
e. ¿Se hace tomar la presión arterial?	1	2	3

DE A LA RESPONDIENTE EXCIBICIÓN A

4a. ¿Sobre las fuentes listada en esta tarjeta, dónde le parece a Usted que obtiene más información sobre la salud? (NO LEA LAS RESPUESTAS; MARQUE CON UN CÍRCULO TODAS LAS RESPUESTAS.) (QUE DE LA ENTREVISTADA.)

1 Lecturas
2 Televisión
3 Radio
4 Hablando con amigos y familares
5 Medico, enfermeras, clinica
6 Familia, amigos profesionales
7 Trabajo
8 Otro (ESPECIFIQUE:) ____________________
9 NO SE

RECOJA LA EXCIBICION A

SI "LECTURAS" EN P.4a, PREGUNTE 4b, SINO PASE A P.5a

ENSEÑE EXCIBICION B

4b. ¿Donde, especificamente lee Usted sobre la salud?

1 Vanidades
2 Buen Hogar
3 Buena Vista
4 Replica
5 Reader's Digest
6 Prevention Magazine
7 Libros,Médicos, Revistas
8 Ninguno en particular
9 Otro (ESPECIFIQUE:) ______________
0 NO SE

RECOJA EXCIBICIÓN B

5a. Ahora quisiera hablar sobre problemas específicos de salud de mujeres. ¿En su opinión cuál es el problema de salud más serio que tienen las mujeres? (NO LEA LAS RESPUESTAS. AVERIGUE POR UNA RESPUESTA.)

1 Cáncer
2 Presión sanguínea alta - hipertensión
3 Ataque de corazón - enfermedades del corazón
4 Embolismo
5 Diabetis
6 Artritis
7 Tensión emocional/nervios
8 Falta de ejercisio/mala nutrición
9 Otro - (ESPECIFIQUE): ____________________
0 NO SE

(SI CÁNCER ES MENCIONADO, PREGUNTE:)

5b. ¿Qué tipo de cáncer es? (NO LEA LAS RESPUESTAS. AVERIGUE PARA CADA RESPUESTA.)

1 Seno
2 Utero-cervical-vaginal
3 Pulmones
4 Cáncer en general/todas formas
5 Otro (ESPECIFIQUE): ____________________
6 NO SE

6a. Primero, ¿Puede decirme cuáles son las enfermedades que más le preocupan? (NO LEA LAS RESPUESTAS. CIRCULE TODAS MENCIONADAS.)

1 Cáncer
2 Presion sanguínea alta, hipertensión
3 Ataque de corazón o enfermedades del corazón
4 Embolismo
5 Diabetis
6 Artritis
7 Tensión emocional/nervios
8 Otro (ESPECIFIQUE:) ____________________
9 Ninguna
0 NO SE

6b. Nosotros estamos interesados en saber si está muy preocupada por tener cáncer. ¿Me puede decir si está preocupada? (LEA RESPUESTAS.)

1 Muy preocupada
2 Bastante preocupada
3 No muy preocupada
4 No preocupada en absoluto

SI "CANCER' ES MENCIONADO EN P.6a, PREGUNTE P.6c, SINO PASE A P7:

6c. ¿Que tipo de "cáncer" le preocupa a Usted más? (NO LEA LAS RESPUESTAS.)

1 Seno
2 Utero-cervical-vaginal
3 Pulmón
4 Cancer en general/todas las clases
5 Otro (ESPECIFIQUE:) ______________
6 NO SÉ

→ PASE A LA PREGUNTA 7

SI "CANCER DE SENO. PREGUNTE:

6d. ¿Me puede decir porque cáncer de seno le preocupa más? (NO LEA LAS RESPUESTAS. CIRCULE TODAS MENCIONADAS.)

1 Porque soy mujer/miedo de tenerlo
2 Desfiguramiento/pérdida de seno
3 Vi personas morirse, conozco a personas que se han muerto, es fatal
4 Conozco personas que lo han tenido (MENCIONA MORIRSE)
5 Oímos tanto sobre ésto/mucha publicidad
6 Muchas personas lo tienen/es my común
7 No hay cura/es fatal
8 Otro (ESPECIFIQUE:) ______________
9 NO SÉ

PASE A LA P.8

SI "CANCER" NO ES MENCIONADO EN LA PREGUNTA 6a, O "CANCER DE SENO" NO ES MENCIONADO EN PREGUNRA 6c, PREGUNTE 7, SINO, PASE A LA PREGUNTA 8:

7. Ahora se oye hablar mucho del cáncer del seno. ¿Qué es lo primero en que Usted piensa cuando se menciona el cáncer del seno? (NO LEA LAS RESPUESTAS. CIRCULE SOLAMENTE UNO.)

1 Pierde el seno - mastectomía - cirugía quitar el seno
2 Abultamiento/bordo en el seno/sacar el abultamiento/bordo
3 Morirse
4 Dolores, enfermedades
5 Yo pienso de amigas/familiares que lo han tenido-simpatía para las que lo tienen
6 Preocupada por tenerlo - empezar a observar mi seno
7 Otro (ESPECIFIQUE:) ______________________

____

8 NO SE

DE A LA RESPONDIENTE EXCIBICIÓN C

8. ¿Cuales de estos es mas cerca de los números de mujeres que Usted crea que tendrán cáncer de seno en algún momento durante su vida?

1. Una de cada cinco
2. 1 de cada 15
3. 1 de cada 25
4. 1 de cada 50
5. 1 de cada 100
6. NO SE

RECOJA LA EXCIBICIÓN C

9a. ¿Recientemente vió o oyó Vd. algo sobre el cáncer del seno?

(PASE A LA PREGUNTA 9b) ← 1 Sí
2. No → (PASE A LA PREGUNTA 10)
3 NO SE → (PASE A LA PREGUNTA 10)

SI "SI," EN P.9a, PREGUNTE:

9b. ¿Donde vió o oyó algo recientemente? (CIRCULE TODAS MENCIONADAS.)

1 Revistas
2 Periódicos
3 Televisión
4 Médicos - doctores
5 Clínicas de salud - hospital
6 Amigos
7 Otros (ESPECIFIQUE:) ____________________

9c. Hábleme de esto por favor. (NO LEA LAS RESPUESTAS. CIRCULE LAS QUE APLIQUEN.)

1. Autoexaminación del seno. Saber como examinarse el seno; más mujeres descubren abultamientos/bordos que médicos.
2. Gente importante que tuvieron cáncer del seno. La señora Rockefeller, Señora Ford - (ESPOSA DE UN PRESIDENTE PASADO.)
3. Buenos resultados. Tratamiento se puede hacer en ciertos casos. No es una cosa muy terrible. Curas se han encontrado.
4. Experiencia de una persona que lo tuvo. Lo enseñaron en la televisión: Una mujer lo tuvo. Una amiga tuvo un abultamiento/bordo.
5. Enseñaron/describieron los diferentes tratamientos.
6. Otro (ESPECIFIQUE:) ____________________________
7. NO SE (NO ME ACUERDO)

10. ¿Cuáles le parece a Usted que son las posibilidades de que Usted tenga cáncer de seno algún día? Le parece que esto...(LEA LAS RESPUESTAS.)

1 Le va pasar a Usted
2 Puede pasarle a Usted
3 Probablemente no le pase a Usted
4 No le pasará a Usted
5 NO SE (NO LEA)

11. Ahora quisiera hablar sobre quién va a tener cáncer de seno. Le voy a leer una lista de selecciones. Por favor dígame quien cree Usted que va a tener cáncer de seno. (REPITA POR CADA PAREJA.)

a...¿mujer blanca, mujer negra o no hay ninguna diferencia?

1 Mujer blanca: más probabilidad
2 Mujer negra: más probabilidad
3 No hay diferencia
4 NO SÉ

b...¿mujeres de más de cincuenta años, mujeres de menos de cincuenta años o no hay ninguna diferencia?

1 Mujeres de más de 50: más probabilidad
2 Mujeres de menos de 50: más probabilidad
3 No hay diferencia
4 NO SÉ

c... acuérdese de que Usted me está diciendo quien tiene más probabilidad de contraer cáncer del seno las mujeres que toman píldoras contraceptivas, mujeres que no las toman, o no hay ninguna diferencia.

1 Mujeres que toman píldoras contraceptivas: más probabilidad
2 Mujeres que no toman píldoras contraceptivas: más probabilidad
3 No hay diferencia
4 NO SÉ

d... mujeres que tienen el primer niño antes de los 30 anos, mujeres que tienen el primer niño después de los 30 años, o no hay diferencia.

1 Mujeres que tienen su primer niño antes de los 30 años: más probabilidad
2 Mujeres que tienen su primer niño después de los 30 años: más probabilidad
3 No hay diferencia
4 NO SÉ

e... mujeres que dan de lactar a los niños, mujeres que no dan de lactar a los niños o no hay diferencia.

1 Mujeres que dan de lactar a sus niños: más probabilidad
2 Mujeres que no dan de lactar a sus niños: más probabilidad
3 No hay diferencia
4 NO SÉ

(p.11 continue)

f... mujeres cuyas madres o hermanas han tenido cáncer de seno, cuyas madres y hermanas no han tenido cáncer de seno - o no hay diferencia.

1 Mujeres cuyas madres o hermanas han tenido cáncer de seno: más probabilidad
2 Mujeres cuyas madres o hermanas no han tenido cancer de seno: más probabilidad
3 No hay diferencia
4 NO SE

12. Le voy a leer una lista de declaraciones sobre el cáncer del seno. Por favor dígame si está de acuerdo o no de acuerdo con cada una.

	De Acuerdo	No de Acuerdo	No Sé
a. Golpes o contusión en los senos causan cancer del seno......	1	2	3
b. Cáncer de seno es contagioso	1	2	3
c. Tocando o acariciando el seno puede causarle cancer	1	2	3

13. ¿Qué síntomas o condiciones hacen pensar a una mujer que tiene cancer del seno? (NO LEA LAS RESPUESTAS. INVESTIGUE Y CIRCULE TODAS LAS RESPUESTAS QUE DE LA RESPONDIENTE.) Algo más?

1 Abultamiento/bordos en el seno
2 Dolor en el seno-ardor en el seno
3 Descarga de sustancia del seno
4 Diferente color en el seno
5 Seno hinchado o más grande
6 Cambios en el seno
7 Otro (ESPECIFIQUE:) ______________________
8 NO SE

14. Los abultamientos/bordos en los senos son un síntoma de cancer del seno. De cada diez abultamientos/bordos que aparecen en los senos, ¿cuántos le parecen a Usted que resultan ser cancerosos? (NO OBLIGUE A LA ENTREVISTADA A ADIVINAR: ANOTE "NO SABE" SI NO PUEDE DARLE UN NUMERO.)

___________ de cada diez:

15. ¿Sabe Usted de algunas cosas que el médico hace para buscar cáncer del seno?

1 Sí
2 No → (PASE A LA PREGUNTA 17)

SI "SI," PREGUNTE:

16. ¿Que hace un médico para buscar cáncer del seno? (INVESTIGUE Y CIRCULE TODAS LAS RESPUESTAS QUE LA RESPONDIENTE LE DA.)

1 Radiografía
2 Mamografía - Mamograma
3 Tocar los senos para buscar abultamientos/bordos/ examen manual
4 Otros (ESPECIFIQUE:) ____________________
5 NO SE

17. ¿Sí una mujer tiene un abultamiento/bordo en el seno, ¿qué hace el doctor para saber si es canceroso? (NO LEA LAS RESPUESTAS. CIRCULE TODAS MENCIONADAS.)

1 Biopsía
2 Radiografía
3 Saca líquido
4 Hacer test - (General)
5 Mamografía
6 Otro (ESPECIFIQUE:) ____________________
7 NO SE

(ENTREVISTADORA:) SI LA RESPONDIENTE MENCIONA MAMOGRAFÍA O MAMOGRAMA EN LA PREGUNTA 16 O 17, PASE A LA PREGUNTA 18b.

18a. ¿Ha oído hablar alguna vez de un mamograma o de una mamografía?

1 Sí
2 No
3 No sabe → (PASE A LA PREGUNTA 18d)

(SI "SI," EN LA PREGUNTA 18a O MAMOGRAFÍA EN LA PREGUNTA 16 O 17 PREGUNTE:)

18b. ¿Por favor, me puede decir que es mamografía? (NO LEA LAS RESPUESTAS.)

1 Exámen para cáncer del seno
2 Exámen para cáncer (seno no mencionado) Forma de detector cáncer-exámen para cáncer
3 Exámen (cáncer no mencionado)
4 Radiografía del seno. Radiografía de las glándulas del seno
5 Radiografía - tipo de radiografía para descubrir abultamientos/bordos (SENO NO MENCIONADO)
6 Otro (ESPECIFIQUE:) ______________________
7 NO SE

18c. ¿Me puede decir lo que ha oído sobre la mamografía? (NO LEA LAS RESPUESTAS CIRCULE TODAS LAS MENCIONADAS.)
(INVESTIGUE:) ¿Hay otra cosa, buena o mala que ha oído decir de la mamografía? (INVESTIGUE Y ANOTE LITERALMENTE.)

1 Examen para cáncer/detecta cáncer temprano
2 Mejor qué exámen manual. Mejor que la mano
3 No se deben usar mucho
4 No se deben usar bajo ciertas condiciones: No se deben usar mucho. No se deben usar en mujeres que están en la edad de tener niños. Una buena cosa para personas de cierta edad
5 Mucha radiación - radiación puede causar cáncer
6 Un buen instrumento para diagnosis/una de las mejores cosas
7 Otro (ESPECIFIQUE:) ______________________
8 NADA NO SE.

PREGUNTE A TODOS

18d. ¿Actualmente, como usted dice. Una mamografía es una radiografía una examinación de los senos. ¿Le han hecho a Usted alguna vez una mamografía?

1 Sí
2 No
3 No sé

19. ¿Cuando el médico sabe que una mujer tiene cancer del seno, ¿qué le parece que se hace para tratar la enfermedad? (NO LEA LAS RESPUESTAS. CIRCLE TODAS QUE APLIQUEN.)

1 Cirugía - operación - seno sacado
2 Mastectomía
3 Quimioterapía, drogas, medicina
4 Radioterapía/radium/cobalto
5 Otro (ESPECIFIQUE:) ____________________
6 NO SE

ENTREVISTADORA NOTA: SI RESPONDIENTE MENCIONA MASTECTOMÍA EN LA PREGUNTA 19, PASE A LA PREGUNTA 20b.

20a. ¿Ha oído Usted de mastectomía?

1 Sí
2 No
3 No sé → (PASE A LA PREGUNTA 21a)

SI "SI," EN LA PREGUNTA 20a O "2" EN LA PREGUNTA 19, PREGUNTE:

20b. ¿Me puede decir que es mastectomía? (NO LEA LAS RESPUESTAS)

1 Sacar el seno
2 Operación para cáncer del seno
3 Otro (ESPECIFIQUE:) ____________________
4 NO SE

21a. (Actualmente) (Como Usted dice) mastectomía es una operación para cancer del seno. ¿Por lo que Usted sabe, hay más de una clase de operación para cáncer de seno?

1 Sí, más de una
2 No
3 No sé

21b. (Actualmente) (Como Usted dice), hay varias operaciones, empezando con quitar el abultamiento/bordo, quitar el seno entero/quitar el seno y los músculos del pecho. Por lo que Usted sabe, ¿qué determina cuanto será sacado en una operación de seno? (NO LEA LAS RESPUESTAS.)

1 Extensión de cáncer
2 Si es descubierto temprano
3 Preferencia de la mujer
4 Preferencia del doctor (opinión)
5 Tiempo el abultamiento/bordo esta presente
6 Tamaño del abultamiento
7 Otro (ESPECIFIQUE:) ____________________
8 NO SÉ

22. Si se va a operar a una mujer para saber si el abultamiento/bordo que tiene es canceroso, ¿está obligada, antes de la operación, a dar permiso para que se le extirpe el seno si se encuentra cancer?

1 Sí
2 No
3 No sé

23. Si Usted tuviera un abultamiento/bordo en su seno y el doctor recomendara una operación para saber si es cáncer, ¿que quisiera hacer Usted? (LEA LAS RESPUESTAS.)

1 Dar permiso al doctor antes de la operación para sacar el seno immediatamente si el abultamiento/bordo es canceroso.
2 O esperar hasta después de la operación y entonces si el abultamiento/bordo es canceroso, hablar con el medico por posible tratamiento
3 No sé (NO LEA)

24a. ¿Me puede decir que significan las inciales BSE?

1 Autoexamen del seno, Examinación → (PASE A LA PREGUNTA 25)
2 No/No sé
3 Otro (ESPECIFIQUE:) ____________________

SI "NO/NO SE," O "OTRO," PREGUNTE:

24b. BSE es Auto Examinación del Seno. ¿Ha oído hablar alguna vez de autoexaminación del seno, es decir, cúando una mujer se examina ella misma los senos en su casa para dectectar posibles indicios de cáncer?

1 Sí
2 No
3 No sabe → (PASE A LA PREGUNTA 29a

SI SABE DE AUTO EXAMINACION DEL SENO, "1" EN P.24a O 24b PREGUNTE:

25. ¿Cuáles cree Usted que son las ventajas o los beneficios de hacerse un autoexaminación del seno? (NO LEA LAS RESPUESTAS.)

1 Descubrimiento temprano, y si se encuentra un abultamiento/bordo, puede ir al doctor
2 Estar al tanto, conocerse mejor. Buscar sobre sur propios intereses. Cuidarse y tener interés en su persona.
3 Otro (ESPECIFIQUE:) ____________________
4 Ninguna, no ventaja
5 NO SE

SI "SI," EN LA PREGUNTA 25, CONTINUE:

26. ¿Cuáles son las desventajas de hacerse un autoexaminación del seno? (NO LEA LAS RESPUESTAS.)

1 Si se encuentra un abultamiento/bordo, preocuparse. Posiblemente. Sin necesidad.
2 No es completo, exacto, preciso. Mujeres no tienen el conocimiento para hacer una diagnosis correcta. No saben lo que estan buscando
3 Otro (ESPECIFIQUE:) ____________________
4 Ninguna, no desventaja
5 NO SÉ

27. ¿Se ha hecho Usted alguna vez este examen?

1 Sí → (PASE A LA PREGUNTA 30)
2 No

SI "NO" EN LA PREGUNTA 27, PREGUNTE:

28. ¿Por favor puede decirme porqúe no se examina Usted los senos? (NO LEA LAS RESPUESTAS.)

1 No necesito. Estoy bien saludable
2 Nunca pienso sobre esto
3 Otor (ESPECIFIQUE:) ____________________
____
____
4 NO SE

SI NUNCA OYÓ DE AUTOEXAMINACIÓN DEL SENO (NO/NO SE EN P.24b), O SI NUNCA HIZO AUTOEXAMINACION DEL SENO (NO EN P.27), PREGUNTE:

29a. ¿Le gustaría aprender a examinarse los senos? Diría Usted que: (LEA LAS RESPUESTAS.)

1 Definitivamente → (Si esposo/compañero en casa, vaya a la pregunta 37A. De otra manera, vaya a la pregunta 38A.)
2 Probablemente
3 Probablemente no
4 No de ninguna manera
5 No sé (NO LEA)

SI 3 HASTA 5 EN LA PREGUNTA 29a, PREGUNTA:

29b ¿Hay algunas razones especiales porque Usted no quiere que le enseñen a examinarse los senos? (NO LEA LAS RESPUESTAS.)

1 Miedo de encontrar un abultamiento/bordo
2 No es necesario, el doctor me examina
3 No me va a pasar a mí
4 Otro (ESPECIFIQUE:)
____
____
5 Ninguno. No conozco ninguna

SI ESPOSO/COMPANERO EN CASA, VAYA A LA PREGUNTA 37A.
DE OTRA MANERA, VAYA A LA PREGUNTA 38A.

SI, "SI"SE HA HECHO BSE EN LA PREGUNTA 27, CONTINUE:

30. ¿De dónde coge Usted la información sobre autoexaminarse el seno? (NO LEA LAS RESPUESTAS. CIRCLE TODAS LAS RESPUESTAS QUE LA RESPONDIENTE LE DA.)

1 Doctor
2 Enfermera
3 Amigo. Miembro de familia
4 Clínica - Centro de salud - Hospital
5 Televisión
6 Periódicos
7 Revistas
8 Libros
9 Panfletos/libretos
10 Otro (ESPECIFIQUE:)____________________
11 No sé/no me acuerdo

31a. ¿Alguien le ha enseñado personalmente como examinarse los senos sola?

1 Sí
2 No → (PASE A LA PREGUNTA 32a)

SI "SI," PREGUNTE:

31b. ¿Quien le enseñó?

1 Doctor
2 Enfermera
3 Amiga (miembro de familia)
4 Otro (ESPECIFIQUE:).____________________

32a. ¿Durante los últimos 12 meses, ¿cuántas veces se autoexaminó usted el seno? (NO LEA LAS RESPUESTAS.)

1 Todos los dias
2 Semanal
3 Una vez al mes
→ (PASE A LA PREGUNTA 33)

4 Una vez cada dos meses
5 Tres o cuatro veces al año
6 Dos veces al año
7 Una vez al año
(PASE A LA PREGUNTA 32b) ←

8 No el año pasado
9 Otro (ESPECIFIQUE:)
10 NO SE → (PASE A LA PREGUNTA 33)

SI 4 HASTA 9 EN LA PREGUNTA 32a, PREGUNTE:

32b. Por favor dígame porque Usted no se examina los senos mas a menudo (NO LEA LAS RESPUESTAS. INVESTIGUE:) ¿Hay otras razones?

1 No estoy preocupada sobre cáncer. Me siento bien. No hay cáncer en mi familia.
2 Deja que el doctor haga la examinación
3 El doctor me dijo que no me preocupara
4 No sé si puedo descubrir un problema. No estoy cualificada para eso.
5 No pienso en eso. No estoy tan preocupada. No está en mi mente
6 Voy al doctor frecuentemente
7 Otro (ESPECIFIQUE:) ________________

____

33. ¿Cuántos minutos le lleva para examinarse los senos? Le lleva... (LEA LAS RESPUESTAS.)

1 Menos de dos minutos
2 De dos a cinco minutos
3 De seis a diez minutos
4 Más de diez minutos
5 Otro (ESPECIFIQUE:) ________________

34. La manera de hacerse autoexaminación incluye varios pasos. Por favor dígame especificamente cuántos pasos Usted usa cuando se examina los senos. (INVESTIGUE:) ¿Como Usted lo hace? (ANOTE LITERALMENTE.)

____

(SI POSICIÓN NO ES MENCIONADA, PREGUNTE:) ¿Hay alguna posición especial que Usted usa?

____

____

¿Hay algo más que Usted hace?

____

35. ¿Cuánta confianza tiene en su capacidad para autoexaminarse el seno? (LEA RESPUESTAS.)

1 Mucha confianza
2 Bastante confianza
3 No mucha confianza
4 Ninguna confianza
5 No sabe (NO LEA)

SI ESPOSO/COMPAÑERO EN CASA, VAYA A LA PREGUNTA 36. DE OTRA MANERA, VAYA A LA PREGUNTA 38A.

36. ¿Su esposo/compañero la ha ayudado ha examinarse los senos?

1 Sí
2 No

37a. ¿Cómo le gustaría a Usted si su marido/compañero aprendiera a ayudarla a examinarse los senos? (NO LEA LAS RESPUESTAS.)

1 Muy positivo. Cierto bien. Me gusta. Tremendo
2 Positivo. Dos cabezas son mejores que una. No diferencia de cuando lo hace el doctor
3 Neutral. No me importa. Después de 15/10 años. Me da lo mismo.
4 Negativo. No es necesario. El tiene suficiente problemas solo. Me da pena. Mujeres pueden hacerlo solas.
5 Muy negativo. No hay manera. No necesito su ayuda.
6 Depende de el. Si él quiere. Si a él no le importa. El tiene que decidir si él quiere. Si no le molesta.
7 Marido/compañero sabe como hacerlo
8 Otro (ESPECIFIQUE:)________________________
9 NO SE NO ESTOY SEGURA.

37b. ¿Si el supiera la propia manera de examinar los senos, ¿cuanta confianza tiene usted en la abilidad de el para ayudarla a examinar sus senos diria Usted que tiene? (LEA LAS RESPUESTAS.)

1 Mucha confianza
2 Un poco de confianza
3 No mucha confianza
4 Ninguna confianza
5 (NO LEA) No sé

PREGUNTE A TODOS:

38a. Durante el último año, ¿se ha hecho Usted un exámen de los senos como parte de algun exámen médico?

1 Sí
2 No → (PASE A LA PREGUNTA 39)

SI "SI" EN LA PREGUNTA 38a:

38b. ¿Le hizo ese exámen un médico o una enfermera?

1 Médico
2 Enfermera
3 Ambos
4 Otro (ESPECIFIQUE:)________________________
____

38c. ¿Quién inició la examinación? Esto es, ¿Usted le pidió al médico por la examinación o el médico o la enfermera hizo la examinación de los senos sin pedir?

1 El doctor hizo solo
2 La enfermera hizo solo
3 La respondiente pidió
4 Otro (ESPECIFIQUE:)________________________

39. ¿Como cree Usted que un doctor puede encontrar un abultamiento/bordo o otros simtomas de cáncer del seno, cuando examina los senos en una rutina física de examen? Diría Usted que es... (LEA LAS RESPUESTAS.)

1 Probablemente él lo encuentra
2 Probablemente él lo puede encontrar
3 Puede ser que él no lo encuentra
4 Probablemente él no lo encuentra
5 No sé (NO LEA)

40. ¿Como cree Usted que una mujer con un abultamiento/bordo lo puede encontrar sola cuando ella se examina los senos? ¿Diría Usted que: (LEA LAS RESPUESTAS):

1 Probablemente ella lo encuentre
2 Probablemente ella lo puede encontrar
3 Puede ser que ella no lo encuentre
4 Probablemente ella no lo encuentre
5 No sé (NO LEA)

41. Algunas mujeres dicen que tienen pena cuando el doctor les examina los senos. ¿Diría Usted que esto le aplica a Usted: (LEA LAS RESPUESTAS.)

1 Mucho
2 Algo
3 Muy poquito
4 Nada
5 No sé (NO LEA)

42. Ahora le voy a leer una lista de declaraciones. Para cada una dígame si está de acuerdo o no. La primera es: (LEA LA PRIMERA DECLARACIÓN). ¿ Usted está muy de acuerdo, un poco de acuerdo. no de acuerdo, o muy de desacuerdo? (NOTE Y REPITA PARA CADA DECLARACION.)

	Muy De Acuerdo	Un Poco De Acuerdo	No De Acuerdo	Muy De Desacuerdo	No Se
a. Cuando una mujer se encuentra un abultamiento/bordo es muy tarde para hacer algo.	1	2	3	4	5
b. Una mujer casi siempre puede sentir o encontrar su abultamiento/bordo antes de que el doctor pueda.	1	2	3	4	5
c. Si el abultamiento/bordo no duele, probablemente no es cáncer.	1	2	3	4	5

43a. Ahora quiero hablar con Usted sobre sus experiencias en problemas de los senos.

¿Puede decirme si alguna vez ha tenido algún problema médico con los senos?

1 Sí
2 No → (PASE A LA PREGUNTA 44a)

SI "SI," PREGUNTE:

43b. ¿Puede decirme por favor que problema tuvo? (NO LEA LAS RESPUESTAS.)

SI "CIRUGÍA" ES MENCIONADA, INVESTIGUE POR:

1 Ciste sacado
2 Abultamiento/bordo - sacado
3 Otro cirugía (ESPECIFIQUE:) ____________________
4 Problema asociado con dar de mamar
5 Otra problema (ESPECIFIQUE:) ____________________

43c. ¿Quien descubrió el problema? Usted, su marido/compañero, (SI ESPOSO/COMPAÑERO EN CASA), o el doctor?

1 Respondiente
2 Marido/compañero
3 Doctor → (PASE A LA PREGUNTA 43f)

SI RESPONDIENTE O MARIDO/COMPAÑERO DESCUBRIÓ EL PROBLEMA, PREGUNTE:

43d. ¿Consultó a un médico o clínica sobre el problema de los senos?

1 Sí
2 No → (PASE A LA PREGUNTA 43f)

SI "SI," PREGUNTE:

43e. ¿Después que Usted descubrió su problema, cuándo Usted trato de hacer una cita con el doctor o la clínica (CIRCULE TODAS MENCIONADAS.)

1 Inmediatamente
2 2-3 semanas después
3 Un mes después
4 2-6 meses después
5 Mas de seis meses después

43f. Aparte del médico, ¿con quién habló de este problema? ¿Con alguien más? (NO LEA LAS RESPUESTAS.)

1 Marido/capañero
2 Madre
3 Padre
4 Otro miembro de la familia femenino
5 Amiga
6 Amigo
7 Otro (ESPECIFIQUE:) ____________________
8 NO SE

44a. ¿Ha conocido personalmente alguna mujer que tenía cancer del seno?

1 Sí
2 No→(PASE A LA PREGUNTA 45)

SI "SI" PREGUNTE:

44b. ¿Cual es su relación con ella? (NO LEA LAS RESPUESTAS. CIRCULE TODAS MENCIONADAS.)

1 Madre (madre natural)
2 Hermana (hermana natural)
3 Otro Miembro de familia (tía-media-hermana)
4 Amiga (otra persona-no familia)

44c. ¿Qué tratamiento(s) le (les) hicieron por el cáncer?

1 Cirugía, operación, seno sacado
2 Mastectomía
3 Quimoterapía drogas, medicina
4 Radium/radioterapia/cobalto
5 Otro (ESPECIFIQUE)________________
6 NO SE

DE EXCIBICIÓN "D" A LA RESPONDIENTE

45. Ahora quiero que se imagine una mujer a la que le han sacado el seno, un año después, puede que su vida, sea diferente de lo que era antes de la operación. Le voy a leer una lista de diferentes maneras en que su vida puede cambiar. mucho - algo - muy poco - o de ninguna manera. Primero piense en la vida social de esta mujer como ir a una reunión, ir al cine, al teatro. Usted cree que si a una mujer le sacan el seno puede cambiar su vida social mucho - algo - muy poco - de ninguna manera? (NOTE Y REPITA POR CADA UNA.)

	Mucho	Algo	Muy Poco	Deninguna Manera	No sé
a. Vida social tal como Ir al cine, teatro, reunión	1	2	3	4	5
b. Trabajo, trabajo de oficina	1	2	3	4	5
c. Trabajo de casa Limpiando los pisos, las ventanas	1	2	3	4	5
d. Relaciones sexuales	1	2	3	4	5
e. Relaciones sociales con hombres	1	2	3	4	5
f. Participar en vigorosos deportes como tennis, bolear	1	2	3	4	5

RECOJA EXCIBICIÓN "D"

46. Tener un seno sacado afecta las vidas de las mujeres en diferentes maneras. En su opinión, ¿perder un seno es más difícil para una mujer soltera, una mujer casada o no hay diferencia?

1 Más difícil para una mujer soltera
2 Más difícil para una mujer que es casada
3 No hay diferencia
4 No sé

47. Perder un seno es más difícil para una mujer que tenga menos de 35 años o para una mujer que tenga más de 35 años, o no hay ninguna diferencia.

1 Más difícil para una mujer que tenga menos de 35 años
2 Más difícil para una mujer que tenga más de 35 años
3 No hay diferencia
4 No sé

DE EXCIBICIÓN "E" A LA RESPONDIENTE

48. Suponga que Usted misma tuvo cáncer y se debio sacarle un seno. Voy a leer una lista de motivos de preocupación que Usted podría tener. Dígame por favor si le parece que Usted estaría "muy preocupada," "bastante preocupada," "algo preocupada" or "no estaría preocupada en absoluto" por cada una de esas cosa. (PIDA LA PREGUNTA PARA CADA AFIRMACIÓN.)

EMPIECE EN "X"	MUY PRE-OCUPADA	UN POCO PREOCUPADA	ALGO PREO-CUPADA	NO ESTARÍA PREOCUPADA, EN ABSOLUTO	NO SÉ
a. Circugía no hubiera sacado todo el cancer	1	2	3	4	5
b. Puede haber mucho dolor	1	2	3	4	5
c. Sus amigos la evitarían	1	2	3	4	5
d. Podría morir	1	2	3	4	5
e. Usted no sería attractiva	1	2	3	4	5
f. El cáncer podría reaparecer	1	2	3	4	5
g. Costos de médicos muy altos	1	2	3	5	5
h. Tratamiento de drogas y medicina puede causar que le caiga el pelo	1	2	3	4	5
i. Tratamiento de radium puede causar daño a la piel	1	2	3	4	5
j. No puede trabajar mas	1	2	3	4	5
k. Su enfermedad puede causar problemas a su familia	1	2	3	4	5

RECOJA EXCIBICIÓN E

49. Después que una mujer ha tenido su seno sacado, ¿qué puede ella hacer para restorar su aparencia normal? (NO LEA LAS RESPUESTAS. CIRCULE TODAS LAS MENCIONADAS.)

1 Tener cirugia para hacer un seno nuevo.
  Operación de implante
2 Usar un seno artificial (prostesis)
3 Usar un ajustador/especial
4 Ejercicio, terapia física
5 No hay nada que ella puede hacer
6 Otro (ESPECIFIQUE:) ____________________

50a. (Como Usted dice) Hay un procedimiento llamado reconstrucción de seno que require cirugía para reconstruir un seno nuevo.

Si a Usted le sacan un seno, ¿piensa que quería una reconstrucción del seno?

1 Definitivamente
2 Probablemente

3 Probablemente no
4 De ninguna manera → (PASE A P.50c)

5 No sé (NO LEA) → (PASE A P.51)

SI "1" O "2" EN LA PREGUNTA 50a PREGUNTE:

50b. ¿Por favor puede decirme por qué quiere reconstrucción del seno? (NO LEA LAS RESPUESTAS. CIRCLE TODAS MENCIONADAS.)

1 Porque soy muy joven
2 Si es posible
3 Puede sentirse normal/entera
4 Psicological/mas estima - sentirse mejor
  en general, mas confidente - mas cómoda
5 Por aparencia
6 Otro (ESPECIFIQUE:) ______________
7 No sé

SI "3" O "4" EN LA PREGUNTA 50a PREGUNTE:

50c. Por favor me puede decir por que no quiere tener reconstrucción del seno? (NO LEA LAS RESPUESTAS. CIRCULE TODAS LAS MENCIONADAS.)

1 No es necesario
2 Muy caro
3 Puede causar problemas nuevos/el cáncer
  puede reaparecer otra vez
4 Muy vieja-no a mi edad
5 No quiero pasar por otra operación-más dolor
6 Protesis/seno artificial es okey
7 Otro (ESPECIFIQUE:) ____________________
8 No sé

DE EXCIBICION F A LA RESPONDIENTE

51. Le voy a leer una lista de declaraciones sobre su reacción para ciertas situaciones. Por cada declaración que yo lea, dígame si Usted está muy de acuerdo, algo de acuerdo, no muy de acuerdo, no de acuerdo. La primera declaración es (REPITA PARA CADA DECLARACION).

	De Acuerdo	Algo De Acuerdo	No Muy De Acuerdo	No De Acuerdo	No Se
a. La decisión sobre sí que me tienen que sacar un seno será enteramente de mi médico	1	2	3	4	5
b. Si encuentran cáncer en mi seno no dejaré que me saquen el seno	1	2	3	4	5
c. Si tuviera cáncer del seno, quisiera que mi marido/campañero o alguien que es cerca de mí me ayude a hacer una decisión sobre sacar el seno	1	2	3	4	5
d. Algunas veces doctores sacan el seno cuando no es necesario	1	2	3	4	5
e. Mucho progreso se ha hecho en el tratamiento del cáncer del seno en los 10 años pasados	1	2	3	4	5
f. Si mi doctor me dijo que me tienen que sacar un seno, yo cogería la opinión de otro doctor	1	2	3	4	5

(RECOJA EXCIBICION "F")

Finalmente algunas preguntas para fines estadísticas. Recuerde que la información que nos da se tratará en forma estrictamente confidencial.

52a. ¿Primero me puede decir si Usted está empleada al presente? ¿Esta Usted: (LEA LAS RESPUESTAS.)

1 Empleada todo el tiempo
2 Empleada parte de tiempo

3 No esta empleada afuera de la casa→(PASE A LA PREGUNTA 53)
4 Retirda→(PASE A LA P.52d)

SI "EMPLEADA" PREGUNTE:

52b. ¿Qué clase de trabajo Usted hace? ¿Cuál es su ocupación (NOTE LITERALMENTE.)

____

¿Que tipo de negocio - es esto? ¿Que fabrican hacen? (NOTE LITERALMENTE.)

____

____

SI "RETIRADA" PREGUNTE:

52d. ¿Qué tipo de trabajo hizo Usted? ¿Cuál era su ocupación? (NOTE LITERALMENTE.)

____

52e. ¿Qué tipo de negocio era esto? ¿Que fabricaban o hacian? (NOTE LITERALMENTE.)

____

____

53. ¿Cuál fué el último grado de enseñanza que Usted terminó? (NO LEA LAS RESPUESTAS.)

1 8 años o menos
2 Parte de la escuela superior
3 Toda la escuela superior
4 Parte del colegio o escuela profesional
5 Todo el colegio
6 Estudio para graduados
7 Se niega a contestar

DELE EXCIBICION G A LA RESPONDIENTE

54. ¿Cuál es el ingreso anual total de su familia por 1978? Dígame la letra unicamente, por favor.

1 A. Menos de $7,500
2 B. $ 7,500---$ 9,999
3 C. $10,000--$14,999
4 D. $$15,000-$19,999
5 E. $20,000-$24,999
6 F. $25,000-$49,999
7 G. $50,000-$99,999
8 H. $100,000--O MAS
9 NO SE
10 SE NIEGA A CONTESTAR

RECOJA LA EXCIBICIÓN G

55. ¿Que edad tiene Usted?

________ AÑOS (SI SE NIEGA A CONTESTAR ESTIME)

56. ¿Cuál es su relación con la menopausea? (CAMBIO DE VIDA.)

1 Todavia no empezó
2 Empezó
3 Ya se terminó

DE EXCIBICIÓN H A LA RESPONDIENTE

57. ¿Cuál es su religión? Dígame solamente la letra por favor.

1 A. Protestante
2 B. Católica
3 C. Judía
4 D. Otra (ESPECIFIQUE:) ____________________
5 E. Ninguna
6 F. Se niega a contestar

RECOJA LA EXCIBICIÓN H

DE EXCIBICIÓN I A LA RESPONDIENTE

58. ¿Cuales de las siguientes categorías mejor describen su raza u origen? Digame la letra solamente por favor. (CIRCULE UN NUMERO.)

1 A. India Americana o nativo de Alaska
2 B. Asíatica c de Alguna Isla en el pacifico
3 C. Negra
4 D. Hispánica (Mejicana, Cubana, Puertorriqueña, América Central, América del Sur.)
5 E. Blanca

(RECOJA LA EXCIBICION I)

59. ¿Cuál es su estado matrimonial? ¿Está Vd...? (LEA LA LISTA.)

1 Casada
2 Viuda
3 Divorciada o separada
4 Nunca estuvo casada
5 (Se Niega) a contestar (NO LEA)

Me gustaría darle gracias por el tiempo que ha tamado para ayudarnos con estas importantísimas preguntas. La información que nos ha dado nos ayudará mucho. Gracias por su cooperación. (DE EL PAMFLETO A LA RESPONDIENTE.)

DE LOS $5.00 A LA RESPONDIENTE - DEJA QUE ELLA FIRME EL RECIBO - DESPUES QUE LA RESPONDIENTE FIRMA EL RECIBO, POR FAVÓR DESPEGE EL FORMULARIO DE LA ENTEREVISTA EN LA PRECENCIA DE LA RESPONDIENTE, Y DEVUELVASELO A SU SUPERVISORA CON TODOS LOS MATERIALES.

POR FAVOR OBTENGA UNA COPIA FIRMADA DE "INFORMED CONSENT RECORD".

TIME ENDED: ____________________

LENGTH OF INTERVIEW: ____________ Minutes

INT. NAME: ____________________

INT. CODE NO.: ____________________

DATE: ____________________

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